

Changing Tides Family Services Child Care Eligibility List



The Changing Tides Family Services **Child Care Eligibility List (CEL)** is a list of families needing child care payment assistance from one of our subsidy programs. These programs are funded by the California Department of Education and include Alternative Payment, CalWORKs Stage 2 and the Family Child Care Home Education Network. Information on types of providers that can receive subsidy payments is available on our website www.changingtidesfs.org. Once received, this application does not guarantee services for your family. You will be notified of program openings by phone or postcard and the steps to enroll. If you do not hear from us regarding openings, please check in every 6 months to remain on the CEL. For information about other programs in the area, please contact Resource & Referral Services 707-444-8293 or 800-795-3554.

Submit your completed application to: Changing Tides Family Services
2379 Myrtle Avenue
Eureka, CA 95501

I. APPLICANT INFORMATION

Parent or Legal Guardian Name _____
Last First Middle

Gender Male Female Birth Date _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ Cell/Message Phone _____ Email Address _____

Are you the parent to one or more of the children? Yes No

Are you the grandparent or legal guardian to one or more of the children? Yes No

Are you currently married and living with your spouse? Yes No

Is the second parent/caretaker to at least one of the children living in the home? Yes No If yes, section II and III B must also be completed.

If you are not the parent/legal guardian of the children, what is your relationship to the family? _____

II. SECOND PARENT/CARETAKER INFORMATION

COMPLETE THIS SECTION ONLY IF THE SECOND PARENT/CARETAKER IS CURRENTLY LIVING IN THE HOME.

Second Caretaker Name _____
Last First Middle

Gender Male Female Birth Date _____

Cell/Message Phone _____ Email Address _____

III. NEED FOR CARE - ACTIVITY

Is the family homeless? Yes No Do you need information on accessing MediCAL? Yes No

Were you referred by Child Protective Services? Yes No
 (A CPS Social Worker may refer children who are receiving CPS services and require child care as part of a CPS case plan.)

Why do you need services? (check all that apply)

Applicant: Working School/Training Seeking Employment Medical Incapacitation Seeking Permanent Housing CPS

Second Parent: Working School/Training Seeking Employment Medical Incapacitation Seeking Permanent Housing CPS

A. Complete this section for Parent/Legal Guardian:

Applicant's Employment Information (if currently working)

	Employer #1	Employer #2
Employer Name:	_____	_____
Zip Code of Employer:	_____	_____
Phone/Ext.:	_____	_____
Number of hours worked per week:	_____ Per Week	_____ Per Week
Hourly Pay Rate:	\$ _____	\$ _____
OR		
Gross Monthly Income (including tips & commissions):	\$ _____	\$ _____

Applicant's School/Training Information (if currently attending school/training)

	School #1	School #2
School Name:	_____	_____
Zip Code of School:	_____	_____
Educational Goal:	_____	_____
Total Units this Semester/Quarter:	_____	_____
Anticipated Completion Date (Season/Year):	_____	_____
Minimum Hours of Activity Per Week:	_____	_____
Maximum Hours of Activity Per Week:	_____	_____

B. Complete this section if Second Parent/Caretaker is living in the household:

Second Parent/Caretaker Employment Information (if currently working)

	Employer #1	Employer #2
Employer Name:	_____	_____
Zip Code of Employer:	_____	_____
Phone/Ext.:	_____	_____
Number of Hours Worked per Week:	Per Week	Per Week
Hourly Pay Rate:	\$ _____	\$ _____
<i>OR</i>		
Gross Monthly Income (including tips & commissions):	\$ _____	\$ _____

Second Parent/Caretaker School/Training Information (if currently attending school/training)

	School #1	School #2
School Name:	_____	_____
Zip Code of School:	_____	_____
Educational Goal:	_____	_____
Total Units this Semester/Quarter:	_____	_____
Anticipated Completion Date (Season/Year):	_____	_____
Minimum Hours of Activity Per Week:	_____	_____
Maximum Hours of Activity Per Week:	_____	_____

IV. INCOME INFORMATION

Are you currently receiving CalWORKs Cash Aid from the County Welfare or DHHS? Yes No
 (If yes, please enter the amount received last month in the County Cash Aid section below)

Have you received CalWORKs Cash Aid in California in the last 2 years for the adult parents or family only?
 (Please mark No, if you receive/d Tribal TANF) Yes No

If yes, from which CA county? _____ Date Cash Aid ended _____

If you receive Tribal TANF, please enter the amount below in "Other". If you receive Child Only Cash Aid from the county, enter the amount below in "children only".

Enter your monthly income before taxes from all sources. Please note that all income will require verification prior to enrollment.

Regular Income	Applicant	Second Parent
Self-employment	\$ _____	\$ _____
SSA (parent)	\$ _____	\$ _____
SSI/SSP (parent)	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Other	\$ _____	\$ _____

Other Family Income	
County Cash Aid (children only)	\$ _____
County Cash Aid (adult/family)	\$ _____
Child Support Rec'd	\$ _____
Foster Care	\$ _____
SSA (child)	\$ _____
SSI/SSP (child)	\$ _____
Other (Tribal TANF, etc.)	\$ _____

Income Adjustments	
Child Support Paid	\$ _____

V. CHILD(REN) INFORMATION

Enter the information below for each child in the household under the age of 21.

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Does this child attend elementary school? Yes No
If yes, where? District: _____ School: _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of Humboldt County, please indicate which county: _____

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Does this child attend elementary school? Yes No
If yes, where? District: _____ School: _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of Humboldt County, please indicate which county: _____

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Does this child attend elementary school? Yes No
If yes, where? District: _____ School: _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of Humboldt County, please indicate which county: _____

CHILD(REN) INFORMATION (continued)

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Does this child attend elementary school? Yes No
If yes, where? District: _____ School: _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of Humboldt County, please indicate which county: _____

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Does this child attend elementary school? Yes No
If yes, where? District: _____ School: _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of Humboldt County, please indicate which county: _____

Please remember that this is only an application for the Child Care Eligibility List for subsidized child care. This application does not guarantee that you will receive services. If you use child care, you are responsible for the cost of care until an enrollment appointment is completed in person and an Approval Notice of Action issued to you.

You must update your family information at least once every six months to remain active on the Child Care Eligibility List.

VI. CERTIFICATION

I understand the information provided is needed to determine my eligibility for a Changing Tides Family Services subsidized child care program and will be verified prior to my enrollment.

I affirm that this information is correct.

Applicant Signature: _____ Date: _____