



Child Care Eligibility List Application for Changing Tides Family Services

The Changing Tides Family Services Child Care Eligibility List (CEL) is a list of families needing child care payment assistance from one of the subsidy programs. These programs are funded by the California Department of Social Services and include Alternative Payment and the Family Child Care Home Education Network. Information on types of providers that can receive subsidy reimbursements 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, text, 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 list. 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 Fax 707-444-8298

I. APPLICANT INFORMATION

Parent or Legal Guardian Name Last First Middle

Birth Date

Home Address City State Zip

Mailing Address (if different) City State Zip

Home Phone Cell/Message Phone Email Address

I give permission to send text messages relating to this application: Yes No

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

Are you the grandparent or legal guardian of one or more of the children? 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 Parent or Caretaker Name Last First Middle

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 Worker may refer children who are receiving CPS services and require child care as part of an open CPS case plan.)

Were you referred by a state licensed professional as at risk? Yes No

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

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

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

A. Complete this section for Parent/Legal Guardian:

Applicant's Employment Information (if currently working)

Table with 3 columns: Employer Name, Zip Code of Employer, Phone/Ext., Number of hours worked per week, Hourly Pay Rate, Gross Monthly Income. Sub-headers: Employer #1, Employer #2.

**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. ELIGIBILITY & INCOME INFORMATION**

Are you (or a member of the family living in your household) currently receiving one or more of the following? Check all that apply:  
 CalFresh     MediCal     CA Food Assistance Program     CA Special Supplemental Nutrition Program (WIC)  
 Federal Food Distribution Program on Indian Reservations     Head Start     Early Head Start

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	Other Family Income	
Self-employment	\$		\$	County Cash Aid (children only)	\$
SSA (parent)	\$		\$	County Cash Aid (adult/family)	\$
SSI/SSP (parent)	\$		\$	Child Support Received	\$
Spousal Support Received	\$		\$	SSA (child)	\$
Unemployment	\$		\$	SSI/SSP (child)	\$
Other	\$		\$	Other (Tribal TANF, etc.)	\$
<b>Income Adjustments</b>					
Child Support Paid	\$				

**V. CHILD(REN) INFORMATION**

Enter the information below for each child in the household under the age of 21 (use more pages if needed).

Name \_\_\_\_\_  
Last First Middle

Gender  Male  Female Birth Date \_\_\_\_\_ Special needs?  IEP or IFSP  No Special Needs

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

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) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Gender  Male  Female Birth Date \_\_\_\_\_ Special needs?  IEP or IFSP  No Special Needs

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

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) \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Gender  Male  Female Birth Date \_\_\_\_\_ Special needs?  IEP or IFSP  No Special Needs

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

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) \_\_\_\_\_

**CHILD(REN) INFORMATION (continued)**

Name \_\_\_\_\_  
Last First Middle

Gender  Male  Female Birth Date \_\_\_\_\_ Special needs?  IEP or IFSP  No Special Needs

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

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) \_\_\_\_\_

Name of current child care provider: \_\_\_\_\_ I have no current provider and need referrals:  Yes  No

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. Past due family fees from a prior service period must be paid in full prior to a new enrollment.

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: \_\_\_\_\_