

Marin County Centralized Eligibility List Application

The Centralized Eligibility List (CEL) is a list of families needing child care assistance in Marin County. Any child care program in Marin County funded by the California Department of Education or the Head Start program in Marin County may call families from this list to offer no cost or low cost child care.

By placing your name on the eligibility list you may be considered for enrollment by programs serving the entire County, programs serving specific age groups, or by programs serving your child(ren)'s elementary school(s). Any program funded by the California Department of Education that operates within Marin County will be able to view information about you and your family.

If you have children under age 13, you are working, enrolled in school or in a training program, and your family's gross monthly income is less than 75% of the State Median Income, you may be eligible to receive child care assistance.

Mail your completed form to: Marin Child Care Council
555 Northgate Drive, Ste. 105
San Rafael, CA 94903

PARENT 1 INFORMATION

Parent's Name _____
Last First Middle

Gender Male Female Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Cell/Message Phone _____ Email Address _____

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

Is the second parent to at least one of the children living in the home? Yes No

PARENT 2 INFORMATION

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

Second Parent's Name _____
Last First Middle

Gender Male Female Birth Date _____

Cell/Message Phone _____ Email Address _____

NEED FOR CARE

Is the family homeless? Yes No

Were you referred by Child Protective Services? Yes No

(A CPS Social Worker may refer children who are receiving family preservation or family maintenance services.)

Are you interested in your 3-5 year old child attending a part-day educational preschool? Yes No

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

Parent 1: Working School/Training Seeking Employment Medical Incapacitation Seeking Permanent Housing CPS

Parent 2: Working School/Training Seeking Employment Medical Incapacitation Seeking Permanent Housing CPS

Parent 1 Employment Information (if currently working)

	Employer #1	Employer #2
Employer Name:	_____	_____
Zip Code of Employer:	_____	_____
Phone/Ext.:	_____	_____
Gross Monthly salary earned from this employer, including tips and/or commissions before any taxes or deductions:	\$ _____	\$ _____
or		
Hourly Pay Rate:	\$ _____	\$ _____
Estimated Hours Worked per Week:	_____	_____

Parent 1 School/Training Information (if currently attending school/training)

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: _____

Parent 2 Employment Information (if currently working)

	Employer #1	Employer #2
Employer Name:	_____	_____
Zip Code of Employer:	_____	_____
Phone/Ext.:	_____	_____
Gross Monthly salary earned from this employer, including tips and/or commissions before any taxes or deductions:	\$ _____	\$ _____
or		
Hourly Pay Rate:	\$ _____	\$ _____
Estimated Hours Worked per Week:	_____	_____

Parent 2 School/Training Information (if currently attending school/training)

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: _____

INCOME INFORMATION

Are you currently on Cash Aid? Yes No
 (If yes, please enter the amount received last month in the **Other Family Income** section below)

Have you ever been on Cash Aid in California (CalWORKS)? Yes No

If yes, most recent County of Cash Aid _____ Date Cash Aid ended _____

Enter your monthly income from all sources other than wages from employment. Please note that all income will require verification prior to enrollment.

Regular Income	Parent 1	Parent 2
Self-employment	\$	\$
SSA	\$	\$
SSI/SSP (child)	\$	\$
SSI/SSP (parent)	\$	\$
Unemployment	\$	\$

Income Adjustments	
Child Support Paid	\$

Other Family Income	
Adoption Assistance	\$
Cash Aid (children only)	\$
Cash Aid (family)	\$
Child Support Rec'd	\$
Foster Care or SSA (child)	\$
Spousal Support Received	\$
Other	\$

CHILD(REN) INFORMATION

Enter information for each child in the household under the age of 18, or 21 if child has special needs for determination of family size.

Name _____ SSN (optional) _____
Last First Middle

Gender Male Female Birth Date _____ Does this child need care? Yes No *If yes, please continue:*

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? _____

Services Needed (check all that apply)

Full-time Part-time Preschool Before/After School Evenings Overnight Weekends

Child Care Location Zip Code or Center Preferences (if any) _____

Name _____ SSN (optional) _____
Last First Middle

Gender Male Female Birth Date _____ Does this child need care? Yes No *If yes, please continue:*

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? _____

Services Needed (check all that apply)

Full-time Part-time Preschool Before/After School Evenings Overnight Weekends

Child Care Location Zip Code or Center Preferences (if any) _____

Name _____ SSN (optional) _____
Last First Middle

Gender Male Female Birth Date _____ Does this child need care? Yes No *If yes, please continue:*

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? _____

Services Needed (check all that apply)

Full-time Part-time Preschool Before/After School Evenings Overnight Weekends

Child Care Location Zip Code or Center Preferences (if any) _____

CHILD(REN) INFORMATION (continued)

Name _____ SSN (optional) _____
Last First Middle

Gender Male Female Birth Date _____ Does this child need care? Yes No *If yes, please continue:*

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? _____

Services Needed (check all that apply)

Full-time Part-time Preschool Before/After School Evenings Overnight Weekends

Child Care Location Zip Code or Center Preferences (if any) _____

Name _____ SSN (optional) _____
Last First Middle

Gender Male Female Birth Date _____ Does this child need care? Yes No *If yes, please continue:*

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? _____

Services Needed (check all that apply)

Full-time Part-time Preschool Before/After School Evenings Overnight Weekends

Child Care Location Zip Code or Center Preferences (if any) _____

Do you want to receive information regarding issues affecting child care legislation? Yes No

Do your children have health insurance? Yes No

Would you like information mailed to you about low cost health insurance for your children? Yes No

Please remember that this is only an application for the Centralized Eligibility List for subsidized child care. This application does not guarantee that you will receive services.

CERTIFICATION

The information provided on this application will be shared with all subsidized child care programs in Marin County.

I understand the information provided is needed to determine my eligibility for a subsidized child care program.

I affirm that this information is correct.

Parent 1 Signature: _____

Date: _____