



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 assistance in Humboldt County.

By placing your name on this eligibility list you may be considered for enrollment in programs operated by Changing Tides Family Services. These programs include: Alternative Payment, CalWORKs Stage 2 and Stage 3, as well as Family Child Care Home Education Network programs.

If you are working, looking for work, enrolled in school or in a training program, or have another acceptable need for child care, and your family's gross monthly income meets eligibility requirements, you may be eligible to receive child care assistance.

Mail your completed form to: Changing Tides Family Services
2379 Myrtle Avenue
Eureka, CA 95501

APPLICANT INFORMATION

Applicant's Name _____
Last First Middle

Gender Male Female Birth Date _____

Home Address _____ City _____ State _____ Zip _____

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

Home Phone _____ Best time to call _____

Cell/Message Phone _____ Email Address _____

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

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

SECOND PARENT 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 CPS services and require child care as part of a CPS case plan.)

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)

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

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:	_____	_____

Second Parent'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:	\$ _____	\$ _____
<i>OR</i>		
Gross Monthly Income (including tips & commissions):	\$ _____	\$ _____

Second Parent'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:	_____	_____

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

Other Family Income	
Cash Aid (children only)	\$ _____
Cash Aid (family)	\$ _____
Child Support Rec'd	\$ _____
Foster Care	\$ _____
SSA (child)	\$ _____
SSI/SSP (child)	\$ _____
Other	\$ _____

Income Adjustments	
Child Support Paid	\$ _____

CHILD(REN) INFORMATION

Enter information 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.

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

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: _____