

# Centralized Eligibility List

The Centralized Eligibility List (CEL) is a list of families needing child care assistance in Humboldt County. Any child care program in Humboldt County funded by the California Department of Education 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 Humboldt 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:** 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)**

	<b>School #1</b>	<b>School #2</b>
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)**

	<b>Employer #1</b>	<b>Employer #2</b>
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)**

	<b>School #1</b>	<b>School #2</b>
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 Centralized 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 Centralized Eligibility List.

**CERTIFICATION**

The information provided on this application will be shared with all subsidized child care programs in Humboldt County. I understand the information provided is needed to determine my eligibility for a subsidized child care program and will be verified prior to my enrollment.  
I affirm that this information is correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_