



Dear Parent or Guardian:

You have expressed an interest in receiving help paying for your childcare. To apply for subsidized child care programs, please complete the enclosed **Child Care Resource Center Eligibility List (E-List)** application and return it as soon as possible to **Child Care Resource Center (CCRC)** in the envelope provided or by fax (818) 717-9068 or by hand delivery.

It is important to keep your information current and correct. If your information is not current and/or correct, we will not be able to contact you if a space becomes available to serve your family. To update your information, you may call (818) 717-1000 ext. 4478 (for the San Fernando and Santa Clarita Valleys) or (661) 789-1200 ext. 4479 (for the Antelope Valley).

The E-List is a list of families who want subsidized childcare, and who meet the eligibility requirements set by the California Department of Education (CDE).

1. How will I know that my children are eligible for subsidized childcare?

The E-List application will ask for information on your need for childcare, your household income, and your family size. This information is used to determine eligibility to be registered in the E-List for subsidized childcare. You will receive a letter or postcard confirming your Eligibility List registration. ***This confirms your registration only! It does not mean you will receive services!!!***

Being on the Eligibility List does not guarantee your child will be enrolled in subsidized care.

2. After my family is registered on the E-List, how long before my child is enrolled in subsidized child care?

Unfortunately we cannot tell you in advance when a vacancy will occur or how long you may be on the E-List. This is because of several factors:

- ◆ Funding is limited and openings in programs occur infrequently.
- ◆ Your place on the E-List changes as family information changes and other families are added or deleted from the list. This is not a first-come, first-served eligibility list.
- ◆ Being called for services depends on where openings occur and for what type of program. For instance, your 6 year old will not be called for a pre-school opening.
- ◆ Some families have a higher priority than others. For instance, a family with a lower household income may be called before you; or a family with a child already in a subsidized program will be called first if they have a brother or sister waiting for care.

3. How will I know when a space for my child becomes available?

When a space becomes available through CCRC, you will be contacted using the information you provided when you registered for the Eligibility List. Programs need to fill spaces quickly, so it is important to respond promptly. At the time you are contacted you will be asked to verify your information. An appointment to enroll your child will be set up. At the time of the appointment with the agency or center, you must bring in documents to verify your income, work situation, etc.

4. What if I don't want the type of childcare offered by the E-List program that contacts me?

Only agencies that are serving the areas (zip codes) that you indicate will contact you. If you are contacted by a type of program that does not meet your needs, you do not have to enroll. Your family record will remain on the Eligibility List so that other programs can contact you when they have openings. However, if after several contacts, you continue to refuse to enroll, you may be taken off the E-List.

5. Can I request care from a particular program or center?

Yes. When you register on the E-List, you can ask for a particular program (center/site) for your child. However, if your family is not in the highest priority categories, you may not be contacted first.

6. After my family is registered in E-List, should I call to ask about openings?

It is not necessary. However, if your family situation changes, then immediately notify the program where you registered so they can update your E-List record. Changes would include:

- ◆ increase or decrease in income,
- ◆ change of name, address or phone,
- ◆ change in the number of persons in the household,
- ◆ changes in work or school activities; or
- ◆ new child needing child care or your child care needs have changed.

You can update your information over the phone or in person.

7. How long is my application good for?

The application is good for 12 months. Within those 12 months you would have to either update your information or call to let us know that you're still interested in subsidized childcare. If you don't call to update your application you will be removed from the list.

Sincerely,

Family Assessment and Orientation Unit

Child Care Resource Center
20001 Prairie Street
Chatsworth, Ca. 91311
(818) 717-1000 ext. 4478

Child Care Resource Center
250 Grand Cypress Avenue
Palmdale, CA 93551
(661) 789-1200 ext. 4479

cel@ccrcla.org

Child Care Resource Center Eligibility List Intake Form

Application Date _____

Contact Information

Parent or Guardian #1 Name: First _____ Middle Initial _____ Last _____ D.O.B. ____/____/____

Address _____ **Apt. #** _____ **City** _____ **Zip Code** **County** _____

Home Phone (____) _____ **Other daytime phone** (____) _____ **Primary Language Spoken** _____

Employer/ **School name** _____ **Work/School Zip** **Work/Cell** (____) _____

Parent or Guardian #2 Name: First _____ Middle Initial _____ Last _____ D.O.B. ____/____/____ **Work/Other** (____) _____

Employer/ **School name** _____ **Work/School Zip**

#1 Employment/School hours (Circle all that apply): M T W TH F SAT SUN **From:** _____ **To:** _____

#2 Employment/School hours (Circle all that apply): M T W TH F SAT SUN **From:** _____ **To:** _____

Single Parent Family <input type="checkbox"/>	2 Parent Family <input type="checkbox"/>
---	--

Need for Child Care: (please check all for each parent/guardian)

	Working	Incapacitated/Disabled	Seeking Employment	Homeless	In School/Training	Migrant Worker
Parent/Guardian #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Income Sources (Total dollars from all sources before taxes and deductions)
(Please indicate the dollar amount that you receive per month for each source)

Income Source	Parent/Guardian #1	Parent/Guardian #2
Work/Employment		
Child Support		
Spousal Support		
State Disability		
Unemployment benefits		
Sales/Work Commissions		
Cash Aid		
Workmen's Compensation		
Other/Explain		

CalWORKs (cash-aid)

Are you currently receiving cash aid ?
 No Yes - Case #: _____

If **NO**, have you received cash aid within the last 2 years (24 months)? No Yes

If **YES**, Date of cash aid termination
____/____/____ Case #: _____



(818) 717 – 1000 ext 4478
(661) 789 - 1200 ext 4479
Fax (818) 717-9068

PLEASE LIST ALL OF YOUR CHILDREN UNDER THE AGE OF 18 LIVING AT HOME

	First Name	Last Name	Birth date	Gender	Foster Child?	Youakim Amount	Is this child enrolled in Head Start or State Preschool?	Is this child enrolled in any other subsidized program?
1			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Care needed: *(check all that apply)*

Child #1 Child #2 Child #3 Child #4 Child #5

**Preferred Location
(Zip Code other than home)**

- Full day
- Part day
- Evenings
- Overnight
- Weekends

Special Needs:

Child #1 Child #2 Child #3 Child #4 Child #5

- Limited English
- Child Protective Services
- Severely Handicapped
- Does child have an IEP, IFSP
- Receive services through Regional or School District Social/Emotional/Behavior
- Ongoing Health Problem
- Developmental Delays ?
- Vision/Hearing

Do you prefer a specific center or site ?

Yes

Name _____

For child (ren) # _____

For Office Use Only:

New App. ____/____/____

Update App. ____/____/____