

Childcare Eligibility List

The Childcare Eligibility List (CEL) is a list of qualified families needing child care assistance in Sonoma County. Any participating child care program in Sonoma County may call families from the list to offer no cost or low cost child care. If you receive a call offering services, an enrollment application will need to be completed at that time. For more info please see FAQ page or call: (707) 544-3077.

* How did you hear about 4Cs? _____

* Is this your first ever CEL application or an update? New Update

PARENT INFORMATION

Parent's Name _____
Last First Middle

Gender: Male Female Birth date _____

Home address _____ City _____ Zip _____

Mailing address (if different) _____ City _____ Zip _____

Home phone _____ Best time to call _____

Cell/Message phone _____ Email address _____

Is the other parent to at least one child living in the home? No Yes (if yes, please complete second parent information)

Second Parent's name _____
Last First Middle

Gender: Male Female Birth date _____

NEED FOR CARE

Were you referred by Child Protective Services? No Yes Social worker name/phone _____

Was your child referred as "At-Risk" by any other licensed professional? No Yes Name/Phone _____

Are you interested in your 3-5 year old child attending an educational preschool for 3 hours per day? No Yes

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

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

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

Employment Information	Parent	Second Parent
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Employer name:		
Zip code of employer:		
Hourly pay rate:	\$ _____	\$ _____
OR Gross monthly income: (Including tips and commission)	\$ _____	\$ _____
Number of hours worked per week:	_____ hours per week	_____ hours per week

School/Training Information	Parent	Second Parent
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School name:		
Zip code of school:		
Educational goal:		
Total units this semester/quarter:		
Weekly school hours plus study time:	_____ hours per week	_____ hours per week

INCOME INFORMATION

Are you currently on Cash Aid? No Whole family Children only Amount per month: _____

Have you ever been on Cash Aid? No Yes Most recent county _____ Date ended _____

Other Parent Income	Parent	Second Parent
SSA (parent)	\$ _____	\$ _____
SSI/SSP (parent)	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____

Other Family Income	
Child Support/Foster Care	\$ _____
SSA (child)	\$ _____
SSI/SSP (child)	\$ _____

Do you have any other income? Other source of income: _____ Amount per month: _____

Do you pay child support to another parent? No Yes Amount per month: _____

CHILD(REN) INFORMATION

Enter information for **ALL CHILDREN** 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

Currently enrolled in subsidized child care? No Yes If yes, where: _____

Special needs? No special needs IEP or IFSP

Services needed (check all that apply) No services needed

Full-time Part-time Subsidized Preschool Center Before/After School Evenings Weekends

Does this child attend elementary school? No Yes School: _____ District _____

City/Zip code preference(s) _____

Name _____
Last First Middle

Gender: Male Female Birth date _____

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

Currently enrolled in subsidized child care? No Yes If yes, where: _____

Special needs? No special needs IEP or IFSP

Services needed (check all that apply) No services needed

Full-time Part-time Subsidized Preschool Center Before/After School Evenings Weekends

Does this child attend elementary school? No Yes School: _____ District _____

City/Zip code preference(s) _____

Name _____
Last First Middle

Gender: Male Female Birth date _____

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

Currently enrolled in subsidized child care? No Yes If yes, where: _____

Special needs? No special needs IEP or IFSP

Services needed (check all that apply) No services needed

Full-time Part-time Subsidized Preschool Center Before/After School Evenings Weekends

Does this child attend elementary school? No Yes School: _____ District _____

City/Zip code preference(s) _____

*****Please remember that this is only an application for the Childcare Eligibility List and does not guarantee services.*****

CERTIFICATION

The information provided on this application will be shared with all participating subsidized child care programs in Sonoma County. I affirm the information on this application is correct.

Applicant Signature _____ Date _____

Mail your completed form to:
Sonoma CEL, 4Cs of Sonoma County
131-A Stony Circle, Suite 300
Santa Rosa, CA 95401

Or fax your completed form to: (707) 544-2625

Or email your completed form to: info@sonoma4cs.org