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 abo	out 4Cs?					
* Is this your <u>first ever</u>	CEL application	or an update? □	New 🗆 Up	date		
PARENT INFORMATIO	N					
Parent's Name						
Parent's Name			First	Mic	ddle	
Gender: ☐ Male ☐ Fem	ale Birth date					
Home address					Zip	
Mailing address (if different)			-		<u>Zip</u>	
Home phone				t time to call		
Cell/Message phone			Email address			
Is the other parent to at lea	ast one child living in	the home? \square No \square	Yes (if yes, p	olease complete second pa	arent information)	
Second Darant's name						
	Last		First	Mid	ddle	
Gender: ☐ Male ☐ Fem	ale 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 oth	ner licensed professiona	al? □ No □	Yes 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 service	-		•	, ,		
	-		nt □Medical	Incapacitation □Seeking	Housing □CPS □Δt-Rick	
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						
Second Parent: - Working	a Cobool/Training	Cooking Employmen	nt DMadiaal	Inconceitation Cooking	Housing TCDS TAt Biok	
Second Parent: □Working	g □School/Training	☐Seeking Employmer	nt □Medical			
Second Parent: □Working Employment Information		□Seeking Employmer Parent	nt □Medical	Incapacitation □Seeking Second Parel		
Employment Information			nt □Medical			
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Employment Information Employer name: Zip code of employer: Hourly pay rate: OR Gross monthly income. (Including tips and commission	on F	Parent		Second Parel	nt	
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CHILD(REN) INFORMATION

Santa Rosa, CA 95401

Enter information for <u>ALL CHILDREN</u> in the household under the age of 21.

Name					
Gender: Male Female Birth date	Middle				
Relationship to parent? Natural/Adoptive/Stepchild I	·				
Currently enrolled in subsidized child care?	If yes, where:				
Special needs? ☐ No special needs ☐ IEP or IFSP Services needed (check all that apply) ☐ No services needed	ed				
	er 🗆 Before/After School 🗀 Evenings 🗀 Weekends				
Does this child attend elementary school? $\ \square$ No $\ \square$ Yes $\ S$	School:District				
City/Zip code preference(s)	-				
Name					
Gender: Male Female Birth date					
Relationship to parent? Natural/Adoptive/Stepchild I like the remain that the state of the s					
Currently enrolled in subsidized child care? ☐ No ☐ Yes	·				
Special needs? $\ \square$ No special needs $\ \square$ IEP or IFSP					
Services needed (check all that apply) No services needed					
☐ Full-time ☐ Part-time ☐ Subsidized Preschool Center	er				
City/Zip code preference(s)					
Name	Middle				
Gender: ☐ Male ☐ Female Birth date					
Relationship to parent? Natural/Adoptive/Stepchild I					
Currently enrolled in subsidized child care? ☐ No ☐ Yes Special needs? ☐ No special needs ☐ IEP or IFSP	If yes, where:				
Services needed (check all that apply) No services needed	ed				
☐ Full-time ☐ Part-time ☐ Subsidized Preschool Center					
	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 con					
Applicant Signature	Date				
Mail your completed form to:	Or fax your completed form to: (707) 544-2625				
Sonoma CEL, 4Cs of Sonoma County 131-A Stony Circle, Suite 300	Or email your completed form to: info@sonoma4cs.org				