

## 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.

\* 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
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
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 \_\_\_\_\_

Are you currently receiving any of these services for yourself, your children or both?     Medical     Cal Fresh

California Food Assistance Program     WIC     Federal Food Distribution Program on Indian Reservations     Head Start

Early Head Start

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: \_\_\_\_\_

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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: \_\_\_\_\_

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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.\*\*\***

\* How did you hear about 4Cs? \_\_\_\_\_

## 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](mailto:info@sonoma4cs.org)