



California Young World

Eligibility List Application

Directions: Fill out and return this application

FAMILY INFORMATION: Parent/Caretaker

Today's date: _____

FIRST PARENT/CARETAKER

Name: _____

Street Address: _____

Apartment Number: _____

City: _____ Zip Code: _____

County: _____

Home phone () _____

Work phone () _____

OK to call at work? No Yes

Message/Pager/cell _____

E-mail (optional) _____

Best number to use:

Home phone Work phone Message/Pager

Best time to call: _____

Parent's Date of Birth: _____

Gender: Male Female

Marital Status: Single Married

Do you speak English? No Yes

What is your primary language? _____

Total number of family member's _____

How did you hear about our program?

SECOND PARENT /CARETAKER

Is the 2nd parent of at least one child living at home?
 No Yes

Name: _____

Street Address: _____

Apartment Number: _____

City: _____ Zip Code: _____

County: _____

Home phone () _____

Work phone () _____

OK to call at work? No Yes

Message/Pager/cell _____

E-mail (optional) _____

Best number to use:

Home phone Work phone Message/Pager

Best time to call: _____

Parent's Date of Birth: _____

Gender: Male Female

Do you speak English? No Yes

What is your primary language? _____

FAMILY INFORMATION: Child Care Need Status

FIRST PARENT/CARETAKER

Are you employed? No Yes

Average number of hours per week: _____

Employer _____ Address _____

City: _____ Zip Code: _____

From M T W TH F

To _____

To _____

In training or school? No Yes

School _____ Address _____

City: _____ Zip Code: _____

From M T W TH F

To _____

To _____

Seeking work? No Yes

Incapacitated? No Yes

Are you referred by a Child Protection Agency or is your child at risk of abuse or neglect? No Yes

Are you currently participating in CalWORKs Welfare-To-Work Plan? No Yes

Have you ever participated in CalWORKs Welfare-To-Work Plan? No Yes

If **yes**, when was the last date you received aid and/or a check? _____

SECOND PARENT/CARETAKER

Are you employed? No Yes

Average number of hours per week: _____

Employer _____ Address _____

City: _____ Zip Code: _____

From M T W TH F

To _____

To _____

In training or school? No Yes

School _____ Address _____

City: _____ Zip Code: _____

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**ELIGIBILITY APPLICATION
INCOME INFORMATION**

FIRST PARENT/CARETAKER (Foster Parent, skip to Foster stipend)

Gross Monthly Wage: _____ Received each month
or

Gross Income from Latest 1040: _____ Received

CalWORKs Cash Aid: _____ Received each month

Child/Spousal Support Total Amount Received: _____ Received each month

Unemployment: _____ Received each month

Social Security (not SSI/SSP) _____ Received each month

Other Monthly Income: _____

Do you pay child support? No Yes
 _____ Paid each month

Are you currently receiving cash aid? No Yes

Have you ever received AFDC, TANF or CalWORKs cash aid? No Yes

(This includes a one-time payment. Only include cash grant if you, the parent, are included)
 If yes, what was the date the aid ended or the one-time payment received? _____

Foster Stipend: _____

Did your family move in the last 24 months to look for or get an agricultural job? No Yes
 If yes, what was the date you last moved? _____
 Is more than 50% of your family's income from seasonal agricultural work? No Yes

SECOND PARENT/CARETAKER (Foster Parent, skip to Foster stipend)

Gross Monthly Wage: _____ Received each month
or

Gross Income from Latest 1040: _____ Received

CalWORKs Cash Aid: _____ Received each month

Child/Spousal Support Total Amount Received: _____ Received each month

Unemployment: _____ Received each month

Social Security (not SSI/SSP) _____ Received each month

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Are you currently receiving cash aid? No Yes

Have you ever received AFDC, TANF or CalWORKs cash aid? No Yes

(This includes a one-time payment. Only include cash grant if you, the parent, are included)

If yes, what was the date the aid ended or the one-time payment received? _____

Foster Stipend: _____

PREFERENCES: Please check all the programs that you are interested in

California Young World
<input type="checkbox"/> Ellis
<input type="checkbox"/> Fairwood
<input type="checkbox"/> San Miguel

ADDITIONAL PARENT COMMENTS

Additional information or comments:

DECLARATION

- I declare under penalty of perjury that the above information is complete and true to the best of my knowledge.
- I understand my eligibility will be based upon information given here and that documentation will be required for enrollment.
- In order to remain active on the waiting list. I must update this application with any changes in employment, training, income, address, telephone, and family size.
- This application remains valid for 6 months. If, after 6 months, I do not update this application, it will be removed from the waiting list.
- I understand that my information may be shared with other agencies that offer preschool/childcare subsidies.

Signature: _____

Date: _____

***Any fraudulent, false, or misleading information provided for the purpose of receiving state subsidized childcare regarding employment, income, status as a student, enrollment in a training program, family size, or eligibility to medical incapacitation may be grounds for denial of services and ineligibility of services for up to 6 months.**

**ELIGIBILITY INFORMATION
CHILDREN'S INFORMATION (List all children under 18)**

Child:

Full Name: _____

Date of Birth: _____

This Child Needs Childcare Services? Yes

No Gender: Male Female

Primary Language: _____

School: _____

Grade: _____

Protective Services: Yes No

Exceptional Needs: Yes No

Sibling Enrolled: Yes No

If Yes, where?

Requested Childcare Schedule:

Full Time Part Time Evening Weekend

Child:

Full Name: _____

Date of Birth: _____

This Child Needs Childcare Services? Yes

No Gender: Male Female

Primary Language: _____

School: _____

Grade: _____

Protective Services: Yes No

Exceptional Needs: Yes No

Sibling Enrolled: Yes No

If Yes, where?

Requested Childcare Schedule:

Full Time Part Time Evening Weekend

Child:

Full Name: _____

Date of Birth: _____

This Child Needs Childcare Services? Yes

No Gender: Male Female

Primary Language: _____

School: _____

Grade: _____

Protective Services: Yes No

Exceptional Needs: Yes No

Sibling Enrolled: Yes No

If Yes, where?

Requested Childcare Schedule:

Full Time Part Time Evening Weekend

Child:

Full Name: _____

Date of Birth: _____

This Child Needs Childcare Services? Yes

No Gender: Male Female

Primary Language: _____

School: _____

Grade: _____

Protective Services: Yes No

Exceptional Needs: Yes No

Sibling Enrolled: Yes No

If Yes, where?

Requested Childcare Schedule:

Full Time Part Time Evening Weekend

Please return this application by mail or in person to:

California Young World
1110 Fairwood Ave.
Sunnyvale, CA 94089

OFFICE USE ONLY

Input Date: _____

By: _____

Comments:

