

Appendix D
CEL APPLICATION

NOTE: Incomplete Applications CANNOT BE PROCESSED and WILL BE DISCARDED

PARENT A

PARENT B

First Name:	_____	_____
Middle Initial:	_____	_____
Last Name:	_____	_____
Address:	_____	_____
City, State & Zip Code:	_____	_____
Social Security Number:	_____	_____
Phone:	_____	_____
Work Phone:	_____	_____
Ok to Call Work?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Message/Cell/Pager:	_____	_____
Best to call at	_____	_____
Best Time to Call	_____	_____
E-mail:	_____	_____
Gender:	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Marital Status:	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widow	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Widow
Ethnicity:	_____	_____
Speak English?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Are you currently participating in CalWORKs Welfare-To-Work plan?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
Have you ever participated in CalWORKs Welfare-To-Work Plan?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
If yes, when was the last date you received aid and / or a check?	_____	_____
Reasons for Needing Childcare (Check those that apply)	<input type="radio"/> Moved to look for employment within last 24 mon. <input type="radio"/> Incapacitated due to medical or psychiatric special needs. <input type="radio"/> Working <input type="radio"/> Education or Training <input type="radio"/> Actively seeking employment <input type="radio"/> Seeking permanent housing <input type="radio"/> Referred for protective services because of neglect, abuse, or exploitation, or risk thereof	<input type="radio"/> Move to look for employment within last 24 mon. <input type="radio"/> Incapacitated due to medical or psychiatric special needs. <input type="radio"/> Working <input type="radio"/> Education or Training <input type="radio"/> Actively seeking employment <input type="radio"/> Seeking permanent housing <input type="radio"/> Referred for protective services because of neglect, abuse, or exploitation, or risk thereof
What are your sources of income? (Check those that apply)	1. <input type="radio"/> Wages Monthly (Gross Income) \$ _____ 2. <input type="radio"/> Unemployment Insurance \$ _____ 3. <input type="radio"/> Pensions/Annuities \$ _____ 4. <input type="radio"/> Cash Aid (TANF Welfare) \$ _____ 5. <input type="radio"/> Disability/Workman's Comp \$ _____ 6. <input type="radio"/> Tips/Commissions/Self-Employment \$ _____ 7. <input type="radio"/> Child Support/Alimony \$ _____ 8. <input type="radio"/> Social Security: <input type="radio"/> Permanent Disability \$ _____ <input type="radio"/> Temporary Disability \$ _____ <input type="radio"/> Survivors \$ _____ 9. <input type="radio"/> Financial Aid/School Loans \$ _____ 10. <input type="radio"/> Other (Explain) \$ _____	1. <input type="radio"/> Wages Monthly (Gross Income) \$ _____ 2. <input type="radio"/> Unemployment Insurance \$ _____ 3. <input type="radio"/> Pensions/Annuities \$ _____ 4. <input type="radio"/> Cash Aid (TANF Welfare) \$ _____ 5. <input type="radio"/> Disability/Workman's Comp \$ _____ 6. <input type="radio"/> Tips/Commissions/Self-Employment \$ _____ 7. <input type="radio"/> Child Support/Alimony \$ _____ 8. <input type="radio"/> Social Security: <input type="radio"/> Permanent Disability \$ _____ <input type="radio"/> Temporary Disability \$ _____ <input type="radio"/> Survivors \$ _____ 9. <input type="radio"/> Financial Aid/School Loans \$ _____ 10. <input type="radio"/> Other (Explain) \$ _____

TOTAL FAMILY INCOME (PARENT A & B) \$ _____

DO YOU PAY COURT ORDERED CHILD SUPPORT FOR ANY CHILD(DREN) NOT LIVING WITH YOU? Yes_____No_____
IF YES HOW MUCH PER MONTH?_____

Are you currently employed in agriculture? _____

PLEASE LIST YOUR CHILDREN WHO LIVE WITH YOU UNDER THE AGE OF 18

Name (First & Last)	Birth Date	School of Attendance	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE CHECK THOSE THAT APPLY TO YOUR CHILD/CHILDREN
(Please attach referral letter from licensed agency)

- 1. _____ Exceptional Needs. This applies to children who have been determined to be eligible for special education and related services. These children have an active Individualized Education Program (IEP) and receiving special education services.**
Name of child(ren) receiving services: _____
- 2. _____ Child Protective Services. Children receiving support services from any county department or emergency shelter because children are at risk of abuse or neglect.**
If yes, specify name of agency: _____
Name of child(ren) receiving services _____

PLEASE SPECIFY LANGUAGE PREFERENCE FOR CORRESPONDENCE (*specify only one*) _____

CERTIFICATION

I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE INFORMATION IS TRUE AND CORRECT. I AGREE TO NOTIFY THE AGENCY IMMEDIATELY IF THERE SHOULD VE ANY CHANGES TO THE INFORMATION CONTAINED IN THIS FORM. I UNDERSTAND THAT THE INFORMATION I HAVE PROVIDED IS CONFIDENTIAL AND WILL BE USED TO DETERMINE MY ELIGIBILITY FOR CHILD DEVELOPMENT SERVICES AND ESTABLISH MY PRIORITY ON THE WAITING LIST. **I FURTHER UNDERSTAND THAT ALL OF THE INFORMATION I HAVE PROVIDED WILL BE VERIFIED BEFORE I MAY BE APPROVED FOR SERVICES.**

Signature of Applicant

Date

Relationship to Child(ren)

OFFICE USED ONLY

ENTERED _____

RANK _____