



**CHILD CARE ELIGIBILITY LIST (CCEL)
Eligibility Questionnaire for Subsidized Child Care Services**

This Eligibility Questionnaire (EQ) provides us with your basic information so that you can be placed on Children's Home Society of California's Child Care Eligibility List (CCEL) to wait for available funding for child care. This is not an application for any particular program. It is very important that you provide all information requested, so that your family can be placed on the list for subsidized services. If you have any questions about how to complete this form, please call our office.

1. Check one: Single parent/guardian Two-parent/guardian family (be sure to complete information for both parents below)

2. Family Size: _____ (Be sure to count yourself, any other parent/guardian, and all of your children, living in the home)

3. Primary Parent/Guardian Information (Adult living in the home who is primarily responsible for the child)

Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian/Foster Parent <input type="checkbox"/> Other: _____					

First Name	Middle Initial	Last Name	Date of Birth		

Address	Apt#	City	State	Zip Code	County
()	()	ext.	()		
Home Phone		Work Phone		Cell Phone	

Language Preference			Email Address		
Check all that are applicable for this parent/guardian:					
<input type="checkbox"/> Working: Total hours per week: _____ (Work Zip Code: _____)		<input type="checkbox"/> In School/Training (School Zip Code: _____)			
<input type="checkbox"/> Looking for Work		<input type="checkbox"/> Incapacitated (medically unable to work)			
<input type="checkbox"/> On medical or family leave: Date returning to work/school: _____					

4. Secondary Parent/Guardian Information (Any other adult living in the home who shares responsibility for the child)

Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian/Foster Parent <input type="checkbox"/> Other: _____					

First Name	Middle Initial	Last Name	Date of Birth		

()	ext.	()			
Work Phone		Cell Phone			

Language Preference			Email Address		
Check all that are applicable for this parent/guardian:					
<input type="checkbox"/> Working: Total hours per week: _____ (Work Zip Code: _____)		<input type="checkbox"/> In School/Training (School Zip Code: _____)			
<input type="checkbox"/> Looking for Work		<input type="checkbox"/> Incapacitated (medically unable to work)			
<input type="checkbox"/> On medical or family leave: Date returning to work/school: _____					

5. Other Family Eligibility Information

- Your child(ren) may be eligible for immediate subsidized services if one or both of the adults in the family has received cash assistance (TANF) within the last 24 months. Has either adult listed above ever received cash aid (TANF)? Yes No
If you checked “yes”, please write the last month/year you received TANF: _____ and from what County: _____
- Is your family currently homeless and seeking permanent housing? Yes No
- Do any of the children in the home currently have an open Child Protective Services case, or is the child identified as “at risk” for protective services based upon the assessment of a legal medical professional? Yes No

6. Family Income Information (Monthly income before taxes and deductions; include income for both parents listed on page 1)

	Primary Parent or Guardian Income	Secondary Parent or Guardian Income
Employment Income	Gross Pay: \$ _____ Per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month	Gross Pay: \$ _____ Per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month
Cash Aid Check One: <input type="checkbox"/> For Adult and Children <i>or</i> <input type="checkbox"/> For Children Only	\$ _____ Per month	\$ _____ Per month
Receiving Child/Spousal Support	\$ _____ Per month	\$ _____ Per month
Paying Child Support	\$ _____ Per month	\$ _____ Per month
Unemployment Income	\$ _____ Per week	\$ _____ Per week
Disability Income	\$ _____ Per month	\$ _____ Per month
SSI/SSP Income (for family member: _____)	\$ _____ Per month	\$ _____ Per month
Other (Retirement, Survivor Benefits, Social Security, Foster Care Assistance, School “Cost of Living” Assistance, etc.): _____	\$ _____ Per month	\$ _____ Per month

7. Child Information (List all of your children who are under 18 years of age living in the home.)

Last Name	First Name	Date of Birth (xx/xx/xxxx)	Needs Child Care?	Enrolled in a Subsidy Program	Needs Weekend child care	Needs Evening child care	Foster Child?	IEP or IFSP?	Elementary School Name
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Verification and Agreement:

I verify that this information is true and correct. I understand that a willful statement of false information for the purpose of receiving state subsidized child care services is considered fraud and is an offense punishable by law. I certify, under penalty of perjury, that the above information is accurate. I understand that I am responsible for updating any changes to my information with the Child Care Eligibility List (CCEL), and must respond to any requests to update information in order to remain on the CCEL. I give approval for my eligibility information to be shared with other CDD funded programs for the purpose of determining eligibility to receive child care services.

Parent/Guardian Signature: _____

Date: _____