

# Subsidized Child Care Eligibility Application

In Tuolumne County, mail completed form to:  
Infant/Child Enrichment Services  
20993 Niagra River Drive  
Sonora, CA 95370



In Mariposa County, mail completed form to:  
Infant/Child Enrichment Services  
PO Box 1898  
Mariposa, CA 95338

*Complete this application to be placed on a wait list to receive child care payment assistance for families who have low income and a need for child care.*

## **APPLICANT INFORMATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F  
Last First MI

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(if different than home address)

Home Phone \_\_\_\_\_ Cell/Msg \_\_\_\_\_ Email \_\_\_\_\_

What is your relationship to the children needing child care? (Circle one)

Mother Father Grandparent Guardian Foster Parent Other \_\_\_\_\_

Is the second parent to at least one of the children living in the home?  Yes  No Total # in Family \_\_\_\_\_

## **SECOND PARENT INFORMATION (Complete this section ONLY if second parent currently lives in the home)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F  
Last First MI

Cell/Msg \_\_\_\_\_ Email \_\_\_\_\_

## **NEED FOR CARE**

Why do you need services? (check all that apply)

Applicant:  Working  School/Training  Seeking Employment  Medical Incapacitation  Homeless  CPS\*

2nd Parent:  Working  School/Training  Seeking Employment  Medical Incapacitation  Homeless  CPS\*

\*Referred by Child Protective Services?  Yes  No

(A CPS Social Worker may refer children who are receiving CPS services and require child care as part of a CPS case plan)

## **APPLICANT'S EMPLOYMENT INFORMATION**

1) Employer Name: \_\_\_\_\_

Phone/Ext: \_\_\_\_\_

2) Employer Name: \_\_\_\_\_

Phone/Ext: \_\_\_\_\_

## **2ND PARENT EMPLOYMENT INFORMATION**

1) Employer Name: \_\_\_\_\_

Phone/Ext: \_\_\_\_\_

2) Employer Name: \_\_\_\_\_

Phone/Ext: \_\_\_\_\_

## **APPLICANT'S SCHOOL/TRAINING INFORMATION**

School Name: \_\_\_\_\_

Total Units this Semester/Quarter: \_\_\_\_\_

## **2ND PARENT SCHOOL/TRAINING INFORMATION**

School Name: \_\_\_\_\_

Total Units this Semester/Quarter: \_\_\_\_\_

\*\*\*\*\*  
**OFFICE USE ONLY:**

Date of Input: \_\_\_\_\_ Rank #: \_\_\_\_\_ Notes: \_\_\_\_\_

**INCOME INFORMATION**

Are you currently on Cash Aid? Yes No (if yes, please enter amount rec'd last month in **Other Family Income** below)

Have you ever been on Cash Aid in California? Yes No

If yes, most recent County of Cash Aid \_\_\_\_\_ Date Cash Aid ended \_\_\_\_\_

Enter your monthly income from all sources. Please note that all income will require verification prior to enrollment.

<b>Regular Income</b>	<b>Applicant</b>	<b>2nd Parent</b>
Employment Income	\$ _____	\$ _____
Self-employment	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Child Support Rec'd	\$ _____	\$ _____
Spousal Support Rec'd	\$ _____	\$ _____
Other	\$ _____	\$ _____

<b>Other Family Income</b>	
Cash Aid (children only)	\$ _____
Cash Aid (family)	\$ _____
Foster Care	\$ _____
SSA (child)	\$ _____
SSA (parent)	\$ _____
SSI/SSP (child)	\$ _____
SSI/SSP (parent)	\$ _____

<b>Income Adjustment</b>	<b>Applicant</b>	<b>2nd Parent</b>
Child Support Paid	\$ _____	\$ _____

**CHILD(REN) INFORMATION (enter information for each child in the household under age 18)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
Last First MI

Relationship to applicant:  Natural/Adoptive/Stepchild  Foster  Guardianship  Grandchild

Name of Child Care Provider: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
Last First MI

Relationship to applicant:  Natural/Adoptive/Stepchild  Foster  Guardianship  Grandchild

Name of Child Care Provider: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
Last First MI

Relationship to applicant:  Natural/Adoptive/Stepchild  Foster  Guardianship  Grandchild

Name of Child Care Provider: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
Last First MI

Relationship to applicant:  Natural/Adoptive/Stepchild  Foster  Guardianship  Grandchild

Name of Child Care Provider: \_\_\_\_\_

Please remember that this is only an application for subsidized child care. This application does not guarantee that you will receive services.

**CERTIFICATION**

I understand the information provided is needed to determine my eligibility for subsidized child care. I affirm that this information is correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# INFANT/CHILD ENRICHMENT SERVICES, INC

20993 Niagra River Drive \* Sonora, CA 95370

(209) 533-0377 Fax: (209) 533-4017

## INSTRUCTIONS TO PARENTS:

Enclosed is an application for subsidized child care provided by ICES. Please complete all sections of this form accurately and return it to ICES. This information will be used to determine your placement on the subsidized eligibility list.

As monies become available, you will be contacted for an eligibility appointment. If your address, phone number, income, family size or any other information changes, please contact ICES to update your information.

**DO NOT SEND** any documentation (including copies of pay stubs). This documentation will be discarded. You will be notified if and when any additional documentation is required.

Please return the attached application to the above address as soon as possible and feel free to contact me if you have any questions or need help completing this form.

Gloria Wood  
Program Manager