

SELF-CERTIFICATION OF ELIGIBILITY FOR COVID-19 EMERGENCY CHILD CARE

I, _____ (parent or guardian) certify that I am eligible for COVID-19 Emergency Care as:

1. At-Risk Population
 - i. Child receiving services from CPS or is at risk of abuse or neglect;
 - ii. Child eligible through the Emergency Child Care Bridge Program for Foster Children; or
 - iii. Experiencing homelessness as defined in the McKinney-Vento Homeless Assistance Act
 - iv. A Child of domestic violence survivors; or
2. An Essential Worker under the California definition of essential worker pursuant to the Governor's Executive Order N-33-20, and I am unable to work remotely to complete my job duties and require child care in order to perform the essential work.
3. A parent of a child with disabilities or special health care needs whose individualized education program or individualized family support plans include early childhood education service;

I understand that this self-certification is a requirement for my child/children

_____ (Child/children's names)

to be enrolled in an emergency child care program.

Please check the eligibility category and/or sector of employment in which you are engaged:

| | |
|--------------------------|--|
| <input type="checkbox"/> | Parent of a child who is receiving CPS or at risk |
| <input type="checkbox"/> | Parent of any child eligible through the Emergency Child Care Bridge Program for Foster Children |
| <input type="checkbox"/> | Parent of a child with disabilities or special health care needs whose individualized education program or individualized family support plans include early childhood education service |
| <input type="checkbox"/> | Family experiencing housing insecurity or homelessness as defined in the McKinney-Vento Homeless Assistance Act. |
| <input type="checkbox"/> | Domestic violence survivor |
| <input type="checkbox"/> | Health Care Services sector |
| <input type="checkbox"/> | Emergency Services sector |

| | |
|--------------------------|---|
| <input type="checkbox"/> | Food and Agriculture sector |
| <input type="checkbox"/> | Staff and providers of child care and education services |
| <input type="checkbox"/> | Workers supporting critical infrastructure |
| <input type="checkbox"/> | State and local government worker |
| <input type="checkbox"/> | Energy sector |
| <input type="checkbox"/> | Transportation and Logistics |
| <input type="checkbox"/> | Communications and IT sector |
| <input type="checkbox"/> | Critical Manufacturing, Hazardous Materials, Financial Services, and Chemical sectors |
| <input type="checkbox"/> | Any other fields listed in EO N-33-20 |

Total hours of child care per week requested: _____

If for any reason this attestation of being an Essential Worker or an At-Risk Population is found to be false or untrue, I understand that I will not have met an eligibility requirement for the receipt of emergency child care and my child may be subject to immediate disenrollment from any program he or she is attending.

By my signature below, I attest that the information provided above is true and correct.

Parent or Guardian Name (printed): _____

Parent or Guardian Signature: _____

Date: _____

COVID-19 EMERGENCY CHILD CARE

Subsidized Child Care Eligibility Application

In Tuolumne County, return completed form to:
Infant/Child Enrichment Services
20993 Niagara River
Drive Sonora, CA 95370
533-0377 Fax: 533-4017



www.icesagency.org

In Mariposa County, return completed form to:
Infant/Child Enrichment Services
PO Box 1898
Mariposa, CA 95338
966-4474 Fax: 742-7028

Complete and return this application for assessment of your eligibility to receive child care payment assistance.

PARENT OR GUARDIAN INFORMATION (applicant)

Name _____ Date of Birth _____ Gender M F
Last First MI

Home Address _____ City _____ Zip _____ +4 _____

Mailing Address _____ City _____ Zip _____ +4 _____
(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)

I can work remotely yes no

Applicant: Receiving Child Protective Services, Foster Bridge Program, Domestic Violence survivor,
 Homeless, Essential Worker, Child with an IEP who has disabilities or special health care needs

Second parent can work remotely yes no

2nd Parent: Receiving Child Protective Services, Foster Bridge Program, Domestic Violence survivor,
 Homeless, Essential Worker, Child with an IEP who has disabilities or special health care needs

APPLICANT'S EMPLOYMENT INFORMATION

Employer: _____

Street Address: _____

Work schedule (include days and the beginning and ending hours of work): _____

2ND PARENT EMPLOYMENT INFORMATION

Employer: _____

Street Address: _____

Work schedule (include days and the beginning and ending hours of work): _____

OFFICE USE ONLY:

Date of Receipt: _____

Date of Enrollment: _____

INCOME INFORMATION

Enter your **gross monthly** income from all sources.

| Regular Income | Applicant | 2nd Parent |
|-----------------------|-----------|------------|
| Employment Income | \$ | \$ |
| Self-employment | \$ | \$ |
| Unemployment | \$ | \$ |
| Disability | \$ | \$ |
| Child Support Rec'd | \$ | \$ |
| Spousal Support Rec'd | \$ | \$ |
| Other | \$ | \$ |

| Income Adjustment | Applicant | 2nd Parent |
|--------------------|-----------|------------|
| Child Support Paid | \$ | \$ |

| Other Family Income | |
|--------------------------|----|
| Cash Aid (children only) | \$ |
| Cash Aid (family) | \$ |
| Foster Care | \$ |
| SSA (child) | \$ |
| SSA (parent) | \$ |
| SSI/SSP (child) | \$ |
| SSI/SSP (parent) | \$ |

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

Do you need child care? Yes No Ethnicity: Hispanic or Latino, Other Spoken Language: _____

Race: _____ (American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, Caucasian)

Name of Child Care Provider: _____

Name _____ Date of Birth _____ Gender M F
Last First MI

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

Do you need child care? Yes No Ethnicity: Hispanic or Latino, Other Spoken Language: _____

Race: _____ (American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, Caucasian)

Name of Child Care Provider: _____

Name _____ Date of Birth _____ Gender M F
Last First MI

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

Do you need child care? Yes No Ethnicity: Hispanic or Latino, Other Spoken Language: _____

Race: _____ (American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, Caucasian)

Name of Child Care Provider: _____

Name _____ Date of Birth _____ Gender M F
Last First MI

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

Do you need child care? Yes No Ethnicity: Hispanic or Latino, Other Spoken Language: _____

Race: _____ (American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, Caucasian)

Name of Child Care Provider: _____

Please read each statement carefully before signing:

- I acknowledge that this is only an application for subsidized child care and does not guarantee that I will receive services.
- I am responsible for child care costs until I am approved and enrolled in the program.
- I understand the information provided is needed to determine my eligibility for subsidized child care.
- I affirm that the information I provided is correct.
- I understand that Emergency Child Care is only valid through 6/30/2020.

Applicant Signature: _____ Date: _____

Form COVID-19 2020
Confidential Application for Early Learning and Care
Services and Certification of Eligibility for Essential Workers

| |
|--|
| Agency Name: _____ |
| Family Identification/Case No.: _____ |
| Initial Subsidized Service Date: _____ |

Note: State regulations require a formal application and certification for early learning and care services. This form must be completed by an agency representative in consultation with the family. The agency must certify family eligibility prior to beginning services. **Refer to the attached instructions for the completion of this form.**

| Section I. Family Identification. See Instructions, Section I. | | | | |
|--|--|--------------------------|-------------------------|-----------|
| If you are eligible for Emergency Childcare due to COVID-19, check this box: | | | | |
| If you are a single parent/caretaker, check this box: | | | | |
| A. | Name of parent/caretaker (full name, including middle initial) | Phone no. (cell or home) | Phone no. (work/school) | |
| B. | Name of parent/caretaker (full name, including middle initial) | Phone no. (cell or home) | Phone no. (work/school) | |
| Street address | | City | State | Zip |
| | | | | FIPS code |

| Section II. Family Income and Eligibility | | | | | | | | |
|--|----------|---|-------|----------------|---|------|------|------|
| 1. Income and Eligibility Information (Complete all boxes): | | | | | | | | |
| Total Family Income \$ | | I certify that the total family income stated is true and correct. Parent Initials _____ | | | COVID-19 Emergency Childcare Self-Certification (Attach Documentation) | | | |
| 2. Employer Information Must be completed for each adult listed in Section I above if the basis of need is essential worker (Attach documentation.) | | | | | | | | |
| Parent/Caretaker | Employer | | | Street Address | | | City | Zip |
| A. | | | | | | | | |
| A. | | | | | | | | |
| Days and working/training hours: | From: | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
| | To: | | | | | | | |
| Parent/Caretaker | Employer | | | Street Address | | | City | Zip |
| B. | | | | | | | | |
| B. | | | | | | | | |
| Days and working/training hours: | From: | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. |
| | To: | | | | | | | |

| Section III. Family Size | |
|--|--|
| Family size (See "Funding Terms and Conditions" for instructions on calculating family size.): _____ | |

Form COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

Instructions for Completing Form COVID-19 2020: COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

Agency Name: Insert the name of the agency providing child care services in this space.

Family Identification Number or Family Case Number: A Family Identification Number (FIN) or Family Case Number (FCN) must be assigned to each family. Enter the unique FIN in top box on page one of the Form COVID-19 2020.

Initial Subsidized Service Date: This is the earliest month and year that the child(ren), as listed on this COVID-19 2020, first started receiving subsidized child care services from your agency. **Every Form COVID-19 2020 must have a month and year entered in this field.** This information is for data reporting purposes.

Section I. Family Identification

Note: If family size includes more than two adults, complete Sections I, II, and III of a second Form COVID-19 2020 and attach it to the completed Form COVID-19 2020. You may also use a second Form COVID-19 2020 to record additional employers for the parents listed under A and B in Section I.

COVID-19 2020 Essential Worker: If the parent/caretaker who is legally/financially responsible for the child is self-certifying as a COVID-19 2020 essential worker, check the box on the line next to **Section I. Family Identification**

Single parent/caretaker: If the child lives with only one parent/caretaker who is legally/financially responsible for the child, check the box on the line next to **Section I. Family Identification**

Information on parent/caretaker A. For the first adult living in the same household as the child(ren), complete all items in Section I, including address information. For the purposes of these instructions and the certification of eligibility, a parent/caretaker shall be a person who has responsibility for the child. Thus, "parent/caretaker" could refer, for example, to a biological parent, a stepparent, a grandparent, a foster or adoptive parent, or a legal guardian.

FIPS Code. See the "FIPS Codes" section on page three of these instructions to determine the FIPS Code that identifies the state and county where the parent/caretaker lives.

Information on parent/caretaker B. If a second parent/caretaker lives in the same household as the child and is included in the calculation of family size, complete all items in Section I B.

Section II. Family Income and Eligibility

- 1. Family Income and Eligibility:** Parent to complete the income amount in box 1. Box 2 must be initialed by the parent to certify the income reported in Box 1 is true and correct. Box 3 must be checked when the parent completes the COVID-19 Self-Certification and returns it to the contractor.
- 2. Employment information:** For each parent/caretaker, enter the name and address of the employer if the reason for needing services is due to being an Essential Worker.

Days and working hours. Note the beginning and ending hours for each day that the parent is employed.

Section III. Family Size: Enter the number of persons included in the family size

Section IV. Data on Children

Note: Complete columns 1 and 3 of this section for all children eighteen and under residing in the household. If needed, use a second COVID-19 2020 to record more children.

- (1) Name of child.** List all children included in the household size eighteen and under, for whom the parent(s) is responsible.

NOTE: When a child and his or her siblings are living in a household that does not include their biological, or adoptive parent(s), "family" shall be considered the child and related siblings. List only the children of this "family" who are eighteen and under.

- (2) Gender.** Check the appropriate box in column 2 for each child receiving care through this certification.

- (3) Birth date.** In column 3 enter the birth dates of all children listed in column 1 following this format: month/day/year.

- (4) Adjustment factor code.** See the "Adjustment Factor Codes" section in these instructions to determine the adjustment factor code that should be entered in column 4. If no adjustment factor is used, leave this box blank.

- (5) Ethnicity.** Enter a "Y" if the child is Hispanic or Latino. Otherwise, enter an "N".

- (6) Race:** See the "Race Codes" section in these instructions to determine the race code(s) that should be entered in column 6. At least one code must be entered, but you may enter all codes that apply for each child.

Form COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

- (7) **Native language:** See the “Native Language Codes” section in these instructions to determine the native language code that should be entered in column 7. **Language Code.** Use only those native language codes provided.
Child is English Learner? For kindergarten through grade twelve children ONLY. For students reported with a primary language other than English, report the primary language of students on the state-approved Home Language Survey.
- (8) **Program code.** See the “Program Codes” section in these instructions to determine the program code(s) that should be entered in column 8. Enter one code per line for each child receiving child care services through this certification. If the child(ren) is enrolled in more than one program or with more than one provider, use additional lines to record this information in columns 8 and 9 for each child.
- (9) **Type of care and relationship to child.** See the “Type of Care Codes” section in these instructions to determine the type of care code(s) that should be entered in column 9. Enter the provider or site name in the space provided.
- (10) **Hours of care per day.** Enter the amount of early learning and care services needed each day in column 9. Use the lower line (marked “V”) to indicate the amount of time needed during the COVID-19 State of Emergency. For preschool-age children, use only the upper line to record the amount of care needed.

Section V. Certification and Signature of Parent/Caretaker

Read and explain the conditions of eligibility and need to the parent/caretaker and make sure he or she understands them *before* signing the application.

Parents must initial item 1 of Section V, stating that the parent(s) has checked the single parent/caretaker box in section 1.

Parent must initial item 2 of Section V, acknowledging that as a condition of receiving Emergency Childcare services, he or she understands that 12-month eligibility does not apply.

Parent must initial item 3 of Section V, stating that they understand that the information about my eligibility may be reviewed by representatives of the State of California, the federal government, independent auditors, or others as necessary for the administration of the program.

Parent must initial item 4 of Section V, stating that they understand that this certification is not complete until all documentation is submitted and this form has been signed and dated by me and reviewed, signed, and dated by an agency representative.

Parent must initial item 5 of Section V, stating that they certify that family assets do not exceed \$1,000,000; Child Care and Development Block Grant Act Section 658 p (4)(B).

Before the agency representative signs the form, the parent/caretaker completing the application must sign and date the form and indicate his or her relationship to the child. At least one parent signature is required on the application.

Section VI. For Office Use Only

The agency representative must complete the items in this section. The certification is not complete until it is signed and dated by the agency representative.

The “Signature of Supervisor” is an optional field and is not required.

Completing the Form

Follow these procedures once you have completed the family’s certification:

- A. File the completed form in the family file.

Form COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

Instructions for Completing Form COVID-19 2020:

COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

Section I. Family Identification

Federal Information Processing Standards (FIPS) Codes

The FIPS code consists of a state code, which is a two-digit number, and a county code, which is a three-digit number. The codes are California - 06, Arizona - 04, Nevada - 32 and Oregon - 41.

California County Codes are as follows:

| | | |
|------------------|---------------------|-------------------|
| 001 Alameda | 041 Marin | 081 San Mateo |
| 003 Alpine | 043 Mariposa | 083 Santa Barbara |
| 005 Amador | 045 Mendocino | 085 Santa Clara |
| 007 Butte | 047 Merced | 087 Santa Cruz |
| 009 Calaveras | 049 Modoc | 089 Shasta |
| 011 Colusa | 051 Mono | 091 Sierra |
| 013 Contra Costa | 053 Monterey | 093 Siskiyou |
| 015 Del Norte | 055 Napa | 095 Solano |
| 017 El Dorado | 057 Nevada | 097 Sonoma |
| 019 Fresno | 059 Orange | 099 Stanislaus |
| 021 Glenn | 061 Placer | 101 Sutter |
| 023 Humboldt | 063 Plumas | 103 Tehama |
| 025 Imperial | 065 Riverside | 105 Trinity |
| 027 Inyo | 067 Sacramento | 107 Tulare |
| 029 Kern | 069 San Benito | 109 Tuolumne |
| 031 Kings | 071 San Bernardino | 111 Ventura |
| 033 Lake | 073 San Diego | 113 Yolo |
| 035 Lassen | 075 San Francisco | 115 Yuba |
| 037 Los Angeles | 077 San Joaquin | |
| 039 Madera | 079 San Luis Obispo | |

If the family resides outside California, list the state code only.

Section IV. Data on Children

Column 4: Adjustment Factor Codes

| | |
|------------------------------|-------------------------------------|
| 21 Infant | 24 Severely disabled |
| 22 Exceptional needs | 25 Limited English proficient (LEP) |
| 23 Child protective services | 27 Toddler |

Column 6: Race Codes

| | |
|-------------------------------------|---|
| 1 American Indian or Alaskan Native | 2 Asian |
| 3 Black or African American | 4 Native Hawaiian or other Pacific Islander |
| 5 Caucasian | |

Column 7: Native Language Codes

| | | |
|-------------------------|----------------------|-------------------|
| 11 Arabic | 24 Hungarian | 06 Portuguese |
| 12 Armenian | 25 Ilocano | 28 Punjabi |
| 42 Assyrian | 26 Indonesian | 29 Russian |
| 13 Burmese | 27 Italian | 45 Rumanian |
| 03 Cantonese | 08 Japanese | 30 Samoan |
| 36 Cebuano (Visayan) | 09 Khmer (Cambodian) | 31 Serbian |
| | | 52 Serbo-Croatian |
| 54 Chaldean | 50 Khmu | 01 Spanish |
| 20 Chamorro (Guamanian) | 04 Korean | 46 Taiwanese |
| | 51 Kurdish | 32 Thai |

Column 7 Native Language Codes (Continued)

| | | |
|--------------------|---------------------------------------|---------------------------------------|
| 39 Chaozhou | 47 Lahu | 53 Toishanese |
| 14 Croatian | 07 Mandarin (Putonghua) | 33 Turkish |
| 15 Dutch | 48 Marshallese | 38 Ukrainian |
| 00 English | 44 Mien | 35 Urdu |
| 16 Farsi (Persian) | 49 Mixteco | 02 Vietnamese |
| 17 French | 88 Native American Languages of China | 55 Other Languages of China |
| 18 German | 40 Pashto | 66 Other Languages of the Philippines |
| 19 Greek | 05 Pilipino (Tagalog) | 99 Other non-English |
| 43 Gujarati | 41 Polish | |
| 21 Hebrew | | |
| 22 Hindi | | |
| 23 Hmong | | |

Column 8: Program Codes (Contract Prefix)

For current contract program codes and contract prefixes, access the Child Care and Development Contract Program Types Web page at <http://www.cde.ca.gov/sp/cd/ci/ccdprogramtypes.asp>.

Column 9: Type of Care Codes

| |
|---|
| 02 Licensed family child care home |
| 03 Licensed large family child care home |
| 04 Licensed center-based care |
| 05 License-exempt in-home (child's) care provided by a relative |
| 06 License-exempt in-home (child's) care provided by a nonrelative |
| 07 License-exempt care provided outside child's home by a relative |
| 08 License-exempt care provided outside child's home by a nonrelative |
| 11 License-exempt center-based care |