

# Marin County Centralized Eligibility List Update

The Centralized Eligibility List (CEL) is a list of families needing child care assistance in Marin County. Any child care program in Marin County funded by the California Department of Education or the Head Start program in Marin County may call families from this list to offer no cost or low cost child care.

**MOMentum**

*Please mail your completed form*

**Marin Child Care Council**  
555 Northgate Drive, Ste. 105  
San Rafael, CA 94903

## PARENT 1 INFORMATION

Parent's Name \_\_\_\_\_  
Last First Middle

Gender  Male  Female Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell/Message Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Are you married and currently living with your spouse?  Yes  No

Is the second parent to at least one of the children living in the home?  Yes  No

## PARENT 2 INFORMATION

➤ **Complete this section only if the second parent is currently living in the home.**

Second Parent's Name \_\_\_\_\_  
Last First Middle

Gender  Male  Female Birth Date \_\_\_\_\_

Cell/Message Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## NEED FOR CARE

Are you interested in your 3-5 year old child attending a part-day educational preschool?  Yes  No

Why do you need services? (Check all that apply) **If you have a CFS case, please attach a CFS referral to this application**

**Parent 1:**  Working/Self-Employment  School/Training  Seeking Employment  Medical Incapacitation  Seeking Permanent Housing  CFS

**Parent 2:**  Working/Self-Employment  School/Training  Seeking Employment  Medical Incapacitation  Seeking Permanent Housing  CFS

### Parent Employment\* Information (if currently working) \* Please include any self-employment information also

	Parent #1	Parent #2
<b>Employer Name:</b>		
<b>Zip Code of Employer:</b>		
<b>Phone/Ext.:</b>		
<b>Hourly Pay Rate:</b>	\$	\$
<b>Estimated Hours Worked per Week:</b>		

### Parent School/Training Information (if currently attending school/training)

	Parent #1	Parent #2
<b>School Name:</b>		
<b>Zip Code of School:</b>		
<b>Educational Goal:</b>		
<b>Hours of Activity Per Week:</b>		
<b>Anticipated Completion Date(year):</b>		

## INCOME INFORMATION

Are you currently on Cash Aid?  Yes  No

(If yes, please enter the amount received last month in the **Other Family Income** section on the back)

Have you ever been on **Cash Aid** in California (CalWORKS)?  Yes  No

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

Enter your monthly *income from all sources other than wages from employment*.  
Please note that all income will require verification prior to enrollment.

Regular Income	Parent 1	Parent 2
(Please Circle) SSA, SSI/SSP (child), SSI/SSP (parent), Unemployment	\$	\$

Income Adjustments		
Child Support Paid Out	\$	

Other Family Income	
Adoption Assistance, Cash Aid (children only), Cash Aid (family)	\$
Child Support Received	\$
Other	\$

**CHILD(REN) INFORMATION**

Enter information for each child in the household under the age of 18, or 21 if child has special needs, for determination of family size

Name \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_ Gender: Male  Female

Does this child need care:  Yes  No

Does your child have an IEP or IFSP? Circle which one  
 Services Needed: (check all that apply)

Full-time  Part-time  Preschool  
 Before/After School  Evenings/weekends  
 \*Name of School: \_\_\_\_\_  
 Child Care Location Zip Code or Center Preferences  
 (if any): \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_ Gender: Male  Female

Does this child need care:  Yes  No

Does your child have an IEP or IFSP? Circle which one  
 Services Needed: (check all that apply)

Full-time  Part-time  Preschool  
 Before/After School  Evenings/weekends  
 \*Name of school: \_\_\_\_\_  
 Child Care Location Zip Code or Center Preferences  
 (if any): \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_ Gender: Male  Female

Does this child need care:  Yes  No

Does your child have an IEP or IFSP? Circle which one  
 Services Needed: (check all that apply)

Full-time  Part-time  Preschool  
 Before/After School  Evenings/weekends  
 \* Name of school: \_\_\_\_\_  
 Child Care Location Zip Code or Center Preferences  
 (if any): \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Birth Date: \_\_\_\_\_ Gender: Male  Female

Does this child need care:  Yes  No

Does your child have an IEP or IFSP? Circle which one  
 Services Needed: (check all that apply)

Full-time  Part-time  Preschool  
 Before/After School  Evenings/weekends  
 \*Name of school: \_\_\_\_\_  
 Child Care Location Zip Code or Center Preferences  
 (if any): \_\_\_\_\_

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

**CERTIFICATION**

The information provided on this application will be shared with all subsidized child care programs in Marin County. I understand the information provided is needed to determine my eligibility for a subsidized child care program. I affirm that this information is correct.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

