

Napa County Subsidized Child Care & Development Eligibility List Application

Please complete both sides of this form and return it to:
Community Resources for Children
5 Financial Plaza, Suite 224
Napa, CA 94558
Phone: (707) 253-0376 x118 Fax: (707) 253-2735

FOR CEL STAFF USE ONLY	
Date Received	_____
Date Input	_____
Date Updated	_____
Family ID	_____
Rank	_____ FS _____
Staff Initials	_____

FOR COLLABORATIVE PARTNER USE ONLY	
Enrolled	YES NO
Program	_____
Staff Initials	_____
Date	_____

The following programs participate to make applying for subsidized child care easier for families. By using Internet Technologies, a Centralized listing of all applicants is kept in a data base that is shared by all agencies, saving time and expanding opportunities. Significant precautions have been taken to assure the confidentiality of your information, but no system, whether electronic or paper, is fool proof. By signing this form you acknowledge and grant permission for your information to be shared in this way, and release the agencies involved from wrong doing should security systems be breached.

This information will be shared with the following programs that provide services to families.

- Community Resources for Children -- Child care provided at location of parent's choice for children of all ages.
- Los Niños Child Development & Family Programs --Samaritan Site for children ages 0- 6; Myrtle site for children ages 2 - 6
- Napa County Office of Education -- Preschool for children ages 3-K in Calistoga, Napa, Yountville, and St. Helena. School age care at Phillips, Westwood and Yountville elementary schools.
- Napa Valley College -- Child Development programs for children ages 3 mo.- 5 years whose parent is attending the college.
- Napa Valley Unified School District -- Preschool in Napa at McPherson, Napa Junction and Shearer.
- Napa County Health and Human Services
- Professional Association for Childhood Education (PACEAPP) -- child care provided at location of parents choice for children of all ages.

I hereby certify that the following information is true and correct to the best of my knowledge and give my permission to share this application with the programs listed above.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Information

1st Parent

Mother Father Guardian other _____

2nd Parent (only if living in the same household)

Mother Father Step Parent Guardian other _____

First Name				First Name					
Last Name				Last Name					
Address				SAME AS PARENT/GUARDIAN ONE					
City & Zip				SAME AS PARENT/GUARDIAN ONE					
Home Phone		Best time to call:		SAME AS PARENT/GUARDIAN ONE					
Work Phone		Can you be contacted at work? Y__N__		Work Phone					
Date of Birth				Date of Birth					
Social Security #				Social Security #					
Have You Received ... (check all that apply)	AFDC or TANF in the last two years?			Y	N	AFDC or TANF in the last two years?		Y	N
	Cash Aid for yourself?					Cash Aid for yourself?			
	Cash Aid for your child?					Cash Aid for your child?			
Are You ...	Enrolled in CalWORK's ?					Enrolled in CalWORK's ?			
Are You ... (check all that apply)		Y	N		Y	N		Y	N
	Homeless ?			Looking for Work?			Homeless ?		
	Incapacitated ?			In School / Training?			Incapacitated ?		
	A teen parent ?			Employed?			A teen parent ?		
Name of School or Training Program		Zip Code:		Name of School or Training Program		Zip Code:			
Name of Employer		Zip Code:		Name of Employer		Zip Code:			
Gross Monthly Income (before taxes) Include income from all sources: employment, unemployment, child support received, cash aid, etc. \$				Gross Monthly Income: Include all sources: employment, unemployment, child support received, cash aid, etc. \$					
Do You Pay Child Support to Another Household? (not child care) Amount \$		Y	N	Do you pay child support to another household Amount \$		Y	N		
How Many Children Are You Financially Responsible for Living in Your Household, Under the Age of 18?				Total Gross Monthly Income of Both Parents Amount \$					

Child Information

Please enter information for all children living at home, under the age 18,

Even if child does NOT need care

ID#	First Name	Last Name	Date of Birth	Does Child Need Care?	Please Check All Days That Care Is Needed	
Child # 1			/ /	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W T F S S	
	Does Child Have Special Needs? Y <input type="checkbox"/> N <input type="checkbox"/> <i>Please Explain:</i>		Name of Child's School GRADE LEVEL:		HOURS NEEDED: _____ TO _____ Is Child Now Receiving Subsidized Care or Head Start? Y <input type="checkbox"/> N <input type="checkbox"/> WHERE?	
This child can receive care: <i>Check all acceptable locations</i> <input type="checkbox"/> American Canyon <input type="checkbox"/> Napa <input type="checkbox"/> Yountville <input type="checkbox"/> St. Helena <input type="checkbox"/> Calistoga Site		I will <u>only</u> accept care for this child in the following programs: <input type="checkbox"/> ANY <input type="checkbox"/> Only ½ day Preschool programs <input type="checkbox"/> BelAire Park Preschool <input type="checkbox"/> Calistoga State Preschool <input type="checkbox"/> McPherson State Preschool <input type="checkbox"/> Napa Junction Eagles Nest State Preschool <input type="checkbox"/> Shearer State Preschool <input type="checkbox"/> Napa Preschool PreKinder Program <input type="checkbox"/> Los Niños Myrtle Ave. Site <input type="checkbox"/> Los Niños Samaritan <input type="checkbox"/> Napa Children's Center <input type="checkbox"/> St. Helena Children's Center <input type="checkbox"/> Yountville Children's Center <input type="checkbox"/> Napa Valley College(NVC students only)			I will <u>ONLY</u> accept care for this child in the following school age center : <input type="checkbox"/> ANY <input type="checkbox"/> Phillips Children's Center <input type="checkbox"/> Westwood Children's Center <input type="checkbox"/> Yountville Children's Center	

ID#	First Name	Last Name	Date of Birth	Does Child Need Care?	Please Check All Days That Care Is Needed	
Child # 2			/ /	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W T F S S	
	Does Child Have Special Needs? Y <input type="checkbox"/> N <input type="checkbox"/> <i>Please Explain:</i>		Name of Child's School GRADE LEVEL:		HOURS NEEDED: _____ TO _____ Is Child Now Receiving Subsidized Care or Head Start? Y <input type="checkbox"/> N <input type="checkbox"/> WHERE?	
This child can receive care: <i>Check all acceptable locations</i> <input type="checkbox"/> American Canyon <input type="checkbox"/> Napa <input type="checkbox"/> Yountville <input type="checkbox"/> St. Helena <input type="checkbox"/> Calistoga		I will <u>only</u> accept care for this child in the following programs: <input type="checkbox"/> ANY <input type="checkbox"/> Only ½ day Preschool programs <input type="checkbox"/> BelAire Park Preschool <input type="checkbox"/> Calistoga State Preschool <input type="checkbox"/> McPherson State Preschool <input type="checkbox"/> Napa Junction Eagles Nest State Preschool <input type="checkbox"/> Shearer State Preschool <input type="checkbox"/> Napa Preschool PreKinder Program <input type="checkbox"/> Los Niños Myrtle Ave. Site <input type="checkbox"/> Los Niños Samaritan <input type="checkbox"/> Napa Children's Center <input type="checkbox"/> St. Helena Children's Center <input type="checkbox"/> Yountville Children's Center <input type="checkbox"/> Napa Valley College(NVC students only)			I will <u>ONLY</u> accept care for this child in the following school age child care center : <input type="checkbox"/> ANY <input type="checkbox"/> Phillips Children's Center <input type="checkbox"/> Westwood Children's Center <input type="checkbox"/> Yountville Children's Center	

ID#	First Name	Last Name	Date of Birth	Does Child Need Care?	Please Check All Days That Care Is Needed	
Child # 3			/ /	Y <input type="checkbox"/> N <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> M T W T F S S	
	Does Child Have Special Needs? Y <input type="checkbox"/> N <input type="checkbox"/> <i>Please Explain:</i>		Name of Child's School GRADE LEVEL:		HOURS NEEDED: _____ TO _____ Is Child Now Receiving Subsidized Care or Head Start? Y <input type="checkbox"/> N <input type="checkbox"/> WHERE?	
This child can receive care: <i>Check all acceptable locations</i> <input type="checkbox"/> American Canyon <input type="checkbox"/> Napa <input type="checkbox"/> Yountville <input type="checkbox"/> St. Helena <input type="checkbox"/> Calistoga		I will <u>only</u> accept care for this child in the following programs: <input type="checkbox"/> ANY <input type="checkbox"/> Only ½ day Preschool programs <input type="checkbox"/> BelAire Park Preschool <input type="checkbox"/> Calistoga State Preschool <input type="checkbox"/> McPherson State Preschool <input type="checkbox"/> Napa Junction Eagles Nest State Preschool <input type="checkbox"/> Shearer State Preschool <input type="checkbox"/> Napa Preschool PreKinder Program <input type="checkbox"/> Los Niños Myrtle Ave. Site <input type="checkbox"/> Los Niños Samaritan <input type="checkbox"/> Napa Children's Center <input type="checkbox"/> St. Helena Children's Center <input type="checkbox"/> Yountville Children's Center <input type="checkbox"/> Napa Valley College(NVC students only)			I will <u>ONLY</u> accept care for this child in the following school age child care center : <input type="checkbox"/> ANY <input type="checkbox"/> Phillips Children's Center <input type="checkbox"/> Westwood Children's Center <input type="checkbox"/> Yountville's Children's Center	