

# CHOICES FOR CHILDREN

## WAITLIST APPLICATION FOR SUBSIDIZED CHILDCARE

Please complete and return to:

Choices For Children  
 3161 Cameron Park Drive, Suite 101  
 Cameron Park, CA 95682  
 Toll-free phone: (877) 676-0707  
 Fax: (530) 676-8416

Choices for Children  
 1029 Takela Drive, Suite 1  
 South Lake Tahoe, CA 96150  
 Toll-free phone (877) 541-5848  
 Fax: (530) 541-1376

FOR OFFICE USE

Family Size \_\_\_\_\_  
 Rank \_\_\_\_\_  
 Family ID \_\_\_\_\_  
 Date input \_\_\_\_\_  
 Naccrra input \_\_\_\_\_

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

- I hereby certify that the information provided is true and correct to the best of my knowledge. **Please note that submission of an application does not guarantee enrollment in a program.**
- This application remains valid for 6 months. **If, after 6 months, I do not update this application, my application will be removed from the waitlist.**

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Provide an email address for communication and community resource info from CFC: \_\_\_\_\_

*Phone applications only:* I certify that I have read the disclaimer above to the applicant and they agree to have their information placed onto the waitlist for purposes of determining eligibility for subsidized child care. Staff Initials \_\_\_\_\_

### *Parent/Guardian Information*

#### Parent A

\_\_\_ Mother \_\_\_ Father \_\_\_ Guardian/Foster

\_\_\_\_\_  
 First name Last name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City Zip

\_\_\_\_\_  
 Mailing Address (if different than above)

\_\_\_\_\_  
 Home phone

\_\_\_\_\_  
 Work phone

\_\_\_\_\_  
 Date of birth (if teen parent)

\_\_\_\_\_  
 Primary language spoken at home

\_\_\_\_\_  
 Name of employer or school/training program

\_\_\_\_\_  
 Zip code of employment or training

**Need: Check all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> CPS/Respite          | <input type="checkbox"/> Employed           |
| <input type="checkbox"/> Enrolled in CalWORKs | <input type="checkbox"/> Migrant            |
| <input type="checkbox"/> Teen Parent          | <input type="checkbox"/> Homeless           |
| <input type="checkbox"/> Seeking Employment   | <input type="checkbox"/> In school/training |
| <input type="checkbox"/> Incapacitated        |   |

Have you received cash aid in the last 2 years? \_\_\_ yes \_\_\_ no

#### Parent B

\_\_\_ Mother \_\_\_ Father \_\_\_ Guardian/Foster

\_\_\_\_\_  
 First name Last name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City Zip

\_\_\_\_\_  
 Mailing Address (if different than above)

\_\_\_\_\_  
 Home phone

\_\_\_\_\_  
 Work phone

\_\_\_\_\_  
 Date of birth (if teen parent)

\_\_\_\_\_  
 Primary language spoken at home

\_\_\_\_\_  
 Name of employer or school/training program

\_\_\_\_\_  
 Zip code of employment or training

**Need: Check all that apply**

- |   |   |
|---|---|
| <input type="checkbox"/> CPS/Respite          | <input type="checkbox"/> Employed           |
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| <input type="checkbox"/> Teen Parent          | <input type="checkbox"/> Homeless           |
| <input type="checkbox"/> Seeking Employment   | <input type="checkbox"/> In school/training |
| <input type="checkbox"/> Incapacitated        |   |

Have you received cash aid in the last 2 years? \_\_\_ yes \_\_\_ no  
 (over)

### ***Child Information***

**Please complete for all children under the age of 18 years living in your home even if care is not needed.**

A.	Child's Name	Male/Female	Date of birth	Ethnicity	Is Child Care needed?	List any special needs of child	Limited or non-English proficient
B.	Child's Name	Male/Female	Date of birth	Ethnicity	Is Child Care needed?	List any special needs of child	Limited or non-English proficient
C.	Child's Name	Male/Female	Date of birth	Ethnicity	Is Child Care needed?	List any special needs of child	Limited or non-English proficient
D.	Child's Name	Male/Female	Date of birth	Ethnicity	Is Child Care needed?	List any special needs of child	Limited or non-English Proficient
E..	Child's Name	Male/Female	Date of birth	Ethnicity	Is Child Care needed?	List any special needs of child	Limited or non-English Proficient

### ***Child Care Information***

**Days care is needed (Check any/all that apply)**

\_\_\_ VARIES \_\_\_ Sunday \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday

**Hours care is needed (check any/all that apply)**

\_\_\_ VARIES \_\_\_ Morning only \_\_\_ Afternoon only \_\_\_ Evening only \_\_\_ All day \_\_\_ Weekends

Specific Times: \_\_\_\_\_

Are you receiving services from another child care provider? (please list ) \_\_\_\_\_

### ***Family Income Information***

**(NOTE: if you are applying as a foster family, please list only the child(ren)'s income**

#### **Parent A**

Wages \$ \_\_\_\_\_

Tips/commissions \$ \_\_\_\_\_

Cash aid (TANF) \$ \_\_\_\_\_

Child/spousal support \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Foster Care \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

**Total monthly gross income (before taxes) \$ \_\_\_\_\_**

#### **Parent B**

Wages \$ \_\_\_\_\_

Tips/commissions \$ \_\_\_\_\_

Cash aid (TANF) \$ \_\_\_\_\_

Child/spousal support \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Foster Care \$ \_\_\_\_\_

Other income \$ \_\_\_\_\_

**Total monthly gross income (before taxes) \$ \_\_\_\_\_**

If you have any questions or need assistance completing the application, contact Choices for Children at (530) 676-0707 or toll-free (877) 676-0707.  
The use or disclosure of all information shall be restricted to purposes directly connected to the administration of and required by  
The California Code of Regulations, Title 5.