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

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

___ CPS/Respite
___ Enrolled in CalWORKs
___ Teen Parent
___ Seeking Employment
___ 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

___ CPS/Respite
___ Enrolled in CalWORKs
___ Teen Parent
___ Seeking Employment
___ Incapacitated

Have you received cash aid in the last 2 years? __ yes __ no
**Child Information**

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

|   | Child’s Name | Male/Female | Date of birth | Ethnicity | Is Child Care Limited or Non-English Proficient | List any special needs of child
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<thead>
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<tbody>
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</table>

**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) ____________________________________________

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**Family Income Information**

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

<table>
<thead>
<tr>
<th>Parent A</th>
<th>Parent B</th>
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</thead>
<tbody>
<tr>
<td>Wages</td>
<td>$_________</td>
</tr>
<tr>
<td>Tips/commissions</td>
<td>$_________</td>
</tr>
<tr>
<td>Cash aid (TANF)</td>
<td>$_________</td>
</tr>
<tr>
<td>Child/spousal support</td>
<td>$_________</td>
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<tr>
<td>Unemployment</td>
<td>$_________</td>
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<tr>
<td>Disability</td>
<td>$_________</td>
</tr>
<tr>
<td>Foster Care</td>
<td>$_________</td>
</tr>
<tr>
<td>Other income</td>
<td>$_________</td>
</tr>
</tbody>
</table>

Total monthly gross income (before taxes) $_________  

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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.