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:

| ☐ Parent of a child who is receiving CPS or at risk | ☐ Food and Agriculture sector |
| ☐ Parent of any child eligible through the Emergency Child Care Bridge Program for Foster Children | ☐ Staff and providers of child care and education services |
| ☐ 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 | ☐ Workers supporting critical infrastructure |
| ☐ Family experiencing housing insecurity or homelessness as defined in the McKinney-Vento Homeless Assistance Act. | ☐ State and local government worker |
| ☐ Domestic violence survivor | ☐ Energy sector |
| ☐ Health Care Services sector | ☐ Transportation and Logistics |
| ☐ Emergency Services sector | ☐ Communications and IT sector |
| | ☐ Critical Manufacturing, Hazardous Materials, Financial Services, and Chemical sectors |
| | ☐ 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 Family Data Sheet

Please complete the following information in order to apply for the COVID-19 Emergency Child Care funding.

Parent 1: Name of parent/caretaker (full name, including middle initial)

Phone no (cell or home)  Phone no. (work/school)

Parent 2: Name of parent/caretaker (full name, including middle initial)

Phone no (cell or home)  Phone no. (work/school)

Street Address  City  State  Zip

Total Family Income $________________

The following information must be completed if the basis of need is Essential Worker:

Employer- Parent 1  Street Address  City  Zip

SCHEDULED SHIFTS:

<table>
<thead>
<tr>
<th>From</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>To</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Employer- Parent 2  Street Address  City  Zip

SCHEDULED SHIFTS:

<table>
<thead>
<tr>
<th>From</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>To</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Family Size (Including all parents in the home and children under age 18): _________________

Child 1: Full name, including middle initial  Date of Birth  Name of Child Care Provider

Child 2: Full name, including middle initial  Date of Birth  Name of Child Care Provider

Child 3: Full name, including middle initial  Date of Birth  Name of Child Care Provider