



LAKE COUNTY ELIGIBILITY LIST

Application for Alternative Payment Childcare Services

PLEASE RETURN THIS FORM TO:

NCO/Rural Communities Childcare 14290 Olympic Dr Suite A Clearlake, CA 95422 707-312-8218 FAX 707-994-4018

1. FIRST PARENT/GUARDIAN INFOR	RMATION
Name of Parent	Home Phone
Mailing Address	Work Phone
Physical Address	Cell Phone
City Zip Code	Parent Date of Birth
Email Address:	Race/Ethnicity
How did you hear about our services?	Language
What is your relationship to the children needing care?	
☐Mother ☐Father ☐Grandparent ☐Guardian ☐Foster Parent	
Are you: Employed? □Yes □No If Yes: Name of employer	Zip Code
In school/training? □Yes □No If Yes: Name of school or program	Zip Code
List Hours of Need Each Day: Your actual paid employment hours each day or school ho	urs
Sun to / Mon to / Tue to / Wed to /	Thur to / Fri to / Sat to
Characteristics: Please ☑ if you are: ☐Looking for work ☐Incapacitated ☐I	Homeless Seasonal/Migrant Worker
☐ Is this a CPS/At Risk Referral? If Yes Attach Referring Agency Ir	nformation
	5.
Signature:	Date:
2. SECOND PARENT/GUARDIAN INFORMATION (only if t	his is a two parent household)
Name of Parent: Home	Phone
	Phone
	t Date of Birth
Language:	
What is your relationship to the children needing care?	
□Mother □Father □Grandparent □Guardian □Foster Parent	
	Zip Code
	Zip Code
List Hours of Need Each Day: Your actual paid employment hours each day or school hou	
Sun to / Mon to / Tue to / Wed to /	Thur to/ Fri to/ Sat to
Characteristics: Please ☑ if you are: ☐ Looking for work ☐ Incapacit	tated Seasonal/Migrant Worker
3. PREFERENCES	
AREA PREFERENCE (If more than one, please indica Lakeport Lower LakeClearlake AreaKelseyvilleUpper LakeNice/	ate 1 st 2nd 3 rd choice) Clearlake OaksMiddletown 'LucerneCobb

CHILDCARE		F. OFFILD IN	FORMATION (for e	very crilic ii	viilg iii	your					7			
Section Sect									Schedule of Care Needed Please ☑					
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