



MENDOCINO COUNTY

ELIGIBILITY LIST
Application for Alternative Payment
Childcare Services

PLEASE RETURN THIS FORM TO:
NCO/Rural Communities Childcare
413 N State St. Ukiah, CA 95482
707-467-3216 FAX
707-467-3211

1. FIRST PARENT/GUARDIAN INFORMATION

Name of Parent, Mailing Address, Physical Address, City, Zip Code, Email Address, Home Phone, Work Phone, Cell Phone, Parent Date of Birth, Race/Ethnicity, Language

What is your relationship to the children needing care?

Mother, Father, Grandparent, Guardian, Foster Parent

Are you: Employed? In school/training? Yes/No options and employer/school information

List Hours of Need Each Day: Your actual paid employment hours each day or school hours

Sun to / Mon to / Tue to / Wed to / Thur to / Fri to / Sat to

Characteristics: Looking for work, Incapacitated, Homeless, Seasonal/Migrant Worker, CPS/At Risk Referral

Signature: Date:

2. SECOND PARENT/GUARDIAN INFORMATION (only if this is a two parent household)

Name of Parent, Email Address, Race/Ethnicity, Language, Home Phone, Work Phone, Parent Date of Birth

What is your relationship to the children needing care?

Mother, Father, Grandparent, Guardian, Foster Parent

Are you: Employed? In school/training? Yes/No options and employer/school information

List Hours of Need Each Day: Your actual paid employment hours each day or school hours

Sun to / Mon to / Tue to / Wed to / Thur to / Fri to / Sat to

Characteristics: Looking for work, Incapacitated, Seasonal/Migrant Worker

3. PREFERENCES

AREA PREFERENCE (if more than one, please indicate 1st 2nd 3rd choice)

Ukiah & Surrounding Areas, Willits & Surrounding Areas, Coast

4. CHILD INFORMATION (for every child living in your household)

NAME	DATE OF BIRTH	RACE/ ETHNICITY	Schedule of Care Needed Please <input checked="" type="checkbox"/>						
			CHILDCARE NEEDED		FULL TIME	PART TIME	EVENING	OVERNIGHT	WEEKEND
			YES	NO					
1.									
2.									
3.									
4.									
5.									

5. ADDITIONAL COMMENTS

6. INCOME & OTHER MEANS TESTED PROGRAMS

Have you ever received cash aid through the Health & Human Services Agency within the past 24 months?

Yes No

If **yes**, what was the last month and year you received a check? _____ Case Number _____

Was this for the child (ren) ONLY _____ or BOTH Parent and Child (ren) _____

If you are receiving or enrolled in any of the following means tested programs, please check the box below:

- Medi-Cal Cal Fresh California Food Assistance Program The Federal Food Distribution Program on Indian Reservations
 WIC (Woman's, Infants, and Children Nutrition Program) Head Start Early Head Start

1 st Parent/Guardian		2 nd Parent/Guardian		PLEASE NOTE: Completion of this application is NOT a guarantee for services. Your placement on the eligibility list is based on an eligibility rank system. Rural Communities Childcare does not discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in determining which families will be served. Revised 06/2024
Gross Employment Wages or Salary: \$ _____ x _____ x 52 ÷ 12 = <small>Rate x Hours per week</small>	\$	Gross Employment Wages or Salary \$ _____ x _____ x 52 ÷ 12 = <small>Rate x Hours per week</small>	\$	
Spousal/Child Support received	\$	Spousal/Child Support received	\$	
Spousal/Child Support paid	\$	Spousal/Child Support paid	\$	
Self-Employment	\$	Self-Employment	\$	
Unemployment	\$	Unemployment	\$	
Disability	\$	Disability	\$	
Workers Compensation	\$	Workers Compensation	\$	
Veterans	\$	Veterans	\$	
SSA/SSP	\$	SSA/SSP	\$	
Foster Income	\$	Foster Income	\$	
Cash Aid for Children only	\$	Cash Aid for Children only	\$	
CalWORKS	\$	CalWORKS	\$	
Housing Voucher or Cash	\$	Housing Voucher or Cash	\$	
Other	\$	Other	\$	
TOTAL GROSS MONTHLY INCOME	\$	TOTAL GROSS MONTHLY INCOME	\$	

FOR OFFICE USE ONLY:

Date Application Received _____ Rank: _____ Family ID #: _____
 Data Entry Completed by: _____ Date: _____
 Bridge Program