



## **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 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 employerZip CodeZip Code
In school/training? □Yes □No If Yes: Name of school or programZip CodeZip Code
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: Please ☑ if you are: □Looking for work □Incapacitated □Homeless □Seasonal/Migrant Worker
□ Is this a CPS/At Risk Referral? If Yes Attach Referring Agency Information
Signature: Date:
2. SECOND PARENT/GUARDIAN INFORMATION (only if this is a two parent household)
Name of Parent:          Home Phone
Email Address:      Work Phone
Race/Ethnicity:      Parent Date of Birth
Language:
What is your relationship to the children needing care?
□Mother □Father □Grandparent □Guardian □Foster Parent
Are you:    Employed?    If Yes: Name of employer    Zip Code
In school/training?   Yes  No  If Yes: Name of school or programZip Code
In school/training?  Yes No If Yes: Name of school or programZip Code List Hours of Need Each Day: Your actual paid employment hours each day or school hours
List Hours of Need Each Day: Your actual paid employment hours each day or school hours
List Hours of Need Each Day: Your actual paid employment hours each day or school hours          Sunto/ Monto/ Tueto/ Wedto/ Thurto/ Frito/ Satto/
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List Hours of Need Each Day: Your actual paid employment hours each day or school hours         Sunto/ Monto/ Tueto/ Wedto/ Thurto/ Frito/ Satto         Characteristics:       Please I if you are:       Incapacitated       Seasonal/Migrant Worker         3. PREFERENCES

IMPORTANT: Please complete additional information on reverse side

	4. CHILD INFORM	ATION (for e	very child li	ving in	your	house	hold)			
							Schedule	e of Care Ne	eded Please	2
NAME		DATE OF BIRTH	RACE/ ETHNICITY	CHILDCARE NEEDED		FULL TIME	PART TIME	EVENING	OVERNIGHT	WEEKEND
				YES	NO					
1.										
2.										
3.										
4.										
5.										
J.										
	ļ	5. ADDITIO	NAL COMM	IENTS	5					
	6. INCOMI	E & OTHER I	MEANS TES	TED P	ROGR	AMS				
Have you ever received cash aid th	hrough the Health	& Human S	ervices Age	encv wi	thin t	he pas	t 24 ma	onths?		
•	□No		0	- 5						
If yes, what was the last month and ye		heck?		Case	e Num	ber				
Was this for the child (ren) ONLY										
If you are receiving or enrolled in a										
	-	-	steu prograi	ns, pie						
□ Medi-Cal □ Cal Fresh □ Califo							<b>-</b> .			
	rnia Food Assistanc	-					Program	on Indian F	Reservations	
WIC (Woman's, Infants, and Childre		-					Program	on Indian F	Reservations	
□WIC (Woman's, Infants, and Childre	n Nutrition Program	-	Start □Ear				Program	on Indian F	Reservations	
	n Nutrition Program	)	Start □Ear ardian	ly Head	l Start		Program			
WIC (Woman's, Infants, and Childre  1st Parent/Guardian  Gross Employment Wages or Salary:	n Nutrition Program	n) □Head S nd Parent/Gu Gross Employ	ardian wment Wages	ly Head	l Start	: 	Program		Reservations	
□WIC (Woman's, Infants, and Childre 1 <sup>st</sup> Parent/Guardian	n Nutrition Program	n) □Head S nd Parent/Gu Gross Employ	ardian ment Wages xX	ly Heac or Sala 52 ÷ 12	l Start	: 	Program	PLEASI	E NOTE: etion of this app	
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