

# SONOMA COUNTY CENTRALIZED ELIGIBILITY LIST

## APPLICATION FORM

**Please send completed application to:**  
**Sonoma CEL, 4Cs of Sonoma County, 396 Tesconi Court, Santa Rosa, CA 95401**  
**Phone:(707) 544-3077 Fax: 544-2625 www.sonoma-cel.org**  
**Or send to any participating agency**

### 1. FAMILY INFORMATION

<b>Parent/Guardian A:</b>	First Name:	Last Name:	Male/Female
<b>Parent/Guardian B:</b>	First Name:	Last Name:	Male/Female
Single Parent?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Either Parent 19 years old or younger? If yes, which Parent: A / B      Date of Birth:    /    /	

### 2. REASON FOR SEEKING CHILD CARE

Parent/Guardian A (check all that apply)	Parent/Guardian B (check all that apply)
<input type="checkbox"/> Working Hours worked per week: Work Zip Code:	<input type="checkbox"/> Working Hours worked per week: Work Zip Code:
<input type="checkbox"/> In education/training School Name and Zip Code:	<input type="checkbox"/> In education/training School Name and Zip Code:
<input type="checkbox"/> Actively seeking employment	<input type="checkbox"/> Actively seeking employment
<input type="checkbox"/> Homeless	<input type="checkbox"/> Homeless
<input type="checkbox"/> Incapacitated	<input type="checkbox"/> Incapacitated
<input type="checkbox"/> Child Protective Services/At Risk	<input type="checkbox"/> Child Protective Services/At Risk
Name of child referred:	Name of child referred:
Name of Agency:	Name of Agency:
Name and Telephone of caseworker:	Name and Telephone of caseworker:

### 3. INCOME ELIGIBILITY

You will be asked for pay stubs and tax returns to verify your income before your child can be enrolled.  
**Please check your pay stubs for your GROSS pay, before taxes and payroll deductions.**

Income Type (Enter all that apply)	PARENT A	PARENT B	TOTAL
Employment	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Federal Cash Aid Programs	\$ _____	\$ _____	\$ _____
Other Income	\$ _____	\$ _____	\$ _____
<b>Total Gross Monthly Income</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

<b>Family Size:</b> _____	Have you received cash aid (TANF) within the last 24 months? Yes <input type="checkbox"/> No <input type="checkbox"/>
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#### 4. CONTACT INFORMATION

**Contact Language** (for correspondence):  English  Spanish  Other Specify:

#### Mailing Address

Street Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Other Contact Information**  Work  School  Other (specify): \_\_\_\_\_

Street Address:

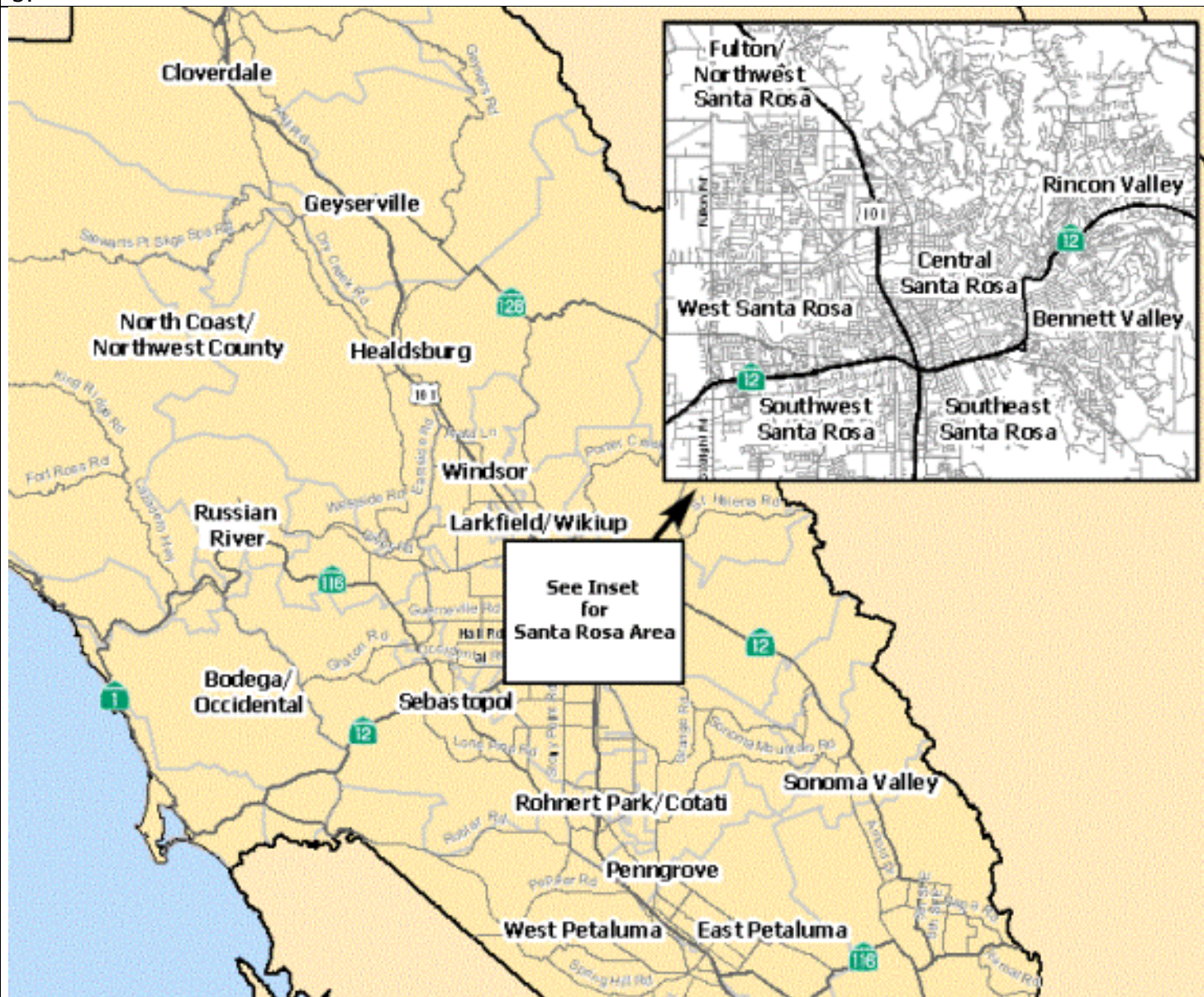
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

#### 5. NEIGHBORHOOD PREFERENCES—VERY IMPORTANT!!!

Please list one to three convenient neighborhoods (from the map below) where you would like child care or preschool. **You must choose at least one neighborhood.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_



**6. CHILD INFORMATION**  
**PLEASE LIST ONLY CHILDREN IN FAMILY WHO NEED SUBSIDY AND/OR CARE**

**FIRST CHILD**

First Name:	MI:	Last Name:
Date of Birth (mm/dd/yyyy):    /    /	Male/Female	
<b>Name of School*</b> (If school-age) _____		
Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Schedule of Care Requested: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Variable		
Special Needs: <input type="checkbox"/> No Special Needs <input type="checkbox"/> Exceptional Needs* <input type="checkbox"/> Severely Disabled** (See definitions at the bottom of this page)		
Preferred child care programs/preschools for this child (optional):		
1. _____	2. _____	3. _____

**SECOND CHILD**

First Name:	MI:	Last Name:
Date of Birth (mm/dd/yyyy):    /    /	Male/Female	
<b>Name of School*</b> (If school-age) _____		
Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Schedule of Care Requested: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Variable		
Special Needs: <input type="checkbox"/> No Special Needs <input type="checkbox"/> Exceptional Needs* <input type="checkbox"/> Severely Disabled**		
Preferred child care programs/preschools for this child (optional):		
1. _____	2. _____	3. _____

**THIRD CHILD**

First Name:	MI:	Last Name:
Date of Birth (mm/dd/yyyy):    /    /	Male/Female	
<b>Name of School*</b> (If school-age) _____		
Foster Child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Schedule of Care Requested: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Evening <input type="checkbox"/> Weekend <input type="checkbox"/> Variable		
Special Needs: <input type="checkbox"/> No Special Needs <input type="checkbox"/> Exceptional Needs* <input type="checkbox"/> Severely Disabled**		
Preferred child care programs/preschools for this child (optional):		
1. _____	2. _____	3. _____

**Are any of the children currently enrolled in a subsidized program?  
 If yes, please provide child's name and program:**

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**\*Some schools provide state funded before- and after-school programs. You *MUST* specify the name of the school for your child to be eligible for these services.**

~ FOR ADDITIONAL CHILDREN, PLEASE ATTACH ANOTHER PAGE ~

<b>7. Signature: I certify under penalty of perjury that the information provided is true and correct to the best of my knowledge. I know that I will be required to verify the information if my child is enrolled in a subsidized program:</b>	
Signature of Parent/Guardian A:	Date:

**SPECIAL NEEDS DEFINITIONS:**

**\*Exceptional Needs: Child is participating in a California Early Intervention Services Program with an Individualized Family Service Plan (IFSP), or is in special education with an Individualized Education Plan (IEP)**

**\*\*Severely Disabled: Child is autistic, blind, deaf, has severe orthopedic impairments, serious emotional disturbance, or severe developmental disability**