

PARENT/GUARDIAN #1				
First Name		Last Name		Middle Initial
Home Phone	Alternate/Alternate Phone	Work Phone	Date of Birth	
Relationship to Child		Marital Status	Preferred Written Language	
Ever a CalWORKs Recipient?	Have you received Diversion? (Diversion: One-time payment issued to CalWORKs applicants)		If YES, what was the date the aid ended or the one-time payment received?	
Y / N	Y / N			

PARENT/GUARDIAN #2 (Only complete Parent #2 if this parent lives in the same household)				
First Name		Last Name		Middle Initial
Alternate/Message Phone	Work Phone		Date of Birth	
Ever a CalWORKs Recipient?	Have you received Diversion? (Diversion: One-time payment issued to CalWORKs applicants)		If YES, what was the date the aid ended or the one-time payment received?	
Y / N	Y / N			

HOUSEHOLD INFORMATION				
Street Address	City	State	Zip Code	County

Family Size: *Number of adults and children related by blood, marriage or adoption living in the household*

REASON FOR NEEDING CARE (check all that apply)			
		Parent/Guardian #1	Parent/Guardian #2
Working	Zip Code of Employment:	<input type="checkbox"/>	<input type="checkbox"/>
Education or Training	Zip Code of School/Training:	<input type="checkbox"/>	<input type="checkbox"/>
Medically Incapacitated/Disabled		<input type="checkbox"/>	<input type="checkbox"/>
Actively seeking employment		<input type="checkbox"/>	<input type="checkbox"/>
Homeless/Seeking permanent housing		<input type="checkbox"/>	<input type="checkbox"/>
Seeking Part-Day Educational Preschool		<input type="checkbox"/>	<input type="checkbox"/>
Agricultural or migrant worker		<input type="checkbox"/>	<input type="checkbox"/>

MONTHLY INCOME and SOURCES (Enter total dollars, before taxes and deductions, for each source of income for parents/guardians in the household).		
GROSS MONTHLY INCOME	Parent #1	Parent #2
Employment salary or wages/self-employment income (before taxes)	\$	\$
Cash Aid (CalWORKs)	\$	\$
Child/Spousal support <u>that you receive</u>	\$	\$
Unemployment Benefits	\$	\$
Worker's Compensation	\$	\$
Disability	\$	\$
Other Income (please describe):	\$	\$
TOTAL GROSS INCOME:	\$	\$

CHILDREN LIVING IN THE HOME

First Name	Last Name	Date of Birth

Does your child have any Special Needs?

<input type="checkbox"/> No Special Needs	<input type="checkbox"/> IEP (Individual Education Plan)	<input type="checkbox"/> IFSP (Individual Family Service Plan)	<input type="checkbox"/> Other
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Is your child currently enrolled in subsidized child care?

<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	Is your child proficient in English? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Services Needed: (check all that apply)

<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Preschool	<input type="checkbox"/> Evenings	<input type="checkbox"/> Overnight	<input type="checkbox"/> Weekends	<input type="checkbox"/> No Services Needed
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Preferences for child care?

Preferred Program:	Preferred Provider:	Preferred Zip Code of Service:
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*Please remember that this is only an application for the Centralized Eligibility List for subsidized child care. This application does not guarantee that you will receive services.

The information that I have provided is true and correct. I give permission for this information to be shared through the Centralized Eligibility List with any participating agency providing subsidized child care in Alameda County.

Signature: _____

Date: _____

Please return this application by mail, fax or in person to:

 Alameda County CEL
c/o BANANAS, Inc.
5232 Claremont Ave.
Oakland, CA 94618



Fax: (510) 658-8354

