



# Supportive Services inc.

5090 N West Ave, Fresno, CA 93711 ♦ (559) 230-2030

## Self-Certification of Eligibility for COVID-19 Emergency Child Care

I certify that my family is eligible for COVID-19 Emergency Child Care, as one of the following:

A. Parent/Guardian A: I am an **Essential Worker**, working in one of the employment sectors set forth below, am unable to work remotely to complete my job duties, and require child care in order to perform the essential work. In addition, I am eligible for COVID-19 Emergency Child Care as:

- I have provided my family's current adjusted monthly income and family size, *or*
- My family currently receives CalWORKs cash aid

My essential work is in the following employment sector (mark all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Health Care Services        | <input type="checkbox"/> Energy  |
| <input type="checkbox"/> Emergency Services          | <input type="checkbox"/> Transportation and Logistics  |
| <input type="checkbox"/> Food and Agriculture        | <input type="checkbox"/> Communications and/or IT  |
| <input type="checkbox"/> Child Care and/or Education | <input type="checkbox"/> Critical Manufacturing, Hazardous Materials, Financial Services, and Chemical |
| <input type="checkbox"/> Critical Infrastructure     | <input type="checkbox"/> Another field listed in EO N-33-20  |
| <input type="checkbox"/> State or Local Government   |  |

### **AND/OR**

B. Parent/Guardian B: I am an **Essential Worker**, working in one of the employment sectors set forth below, am unable to work remotely to complete my job duties, and require child care in order to perform the essential work. In addition, I am eligible for COVID-19 Emergency Child Care as:

- I have provided my family's current adjusted monthly income and family size, *or*
- My family currently receives CalWORKs cash aid

My essential work is in the following employment sector (mark all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Health Care Services        | <input type="checkbox"/> Energy  |
| <input type="checkbox"/> Emergency Services          | <input type="checkbox"/> Transportation and Logistics  |
| <input type="checkbox"/> Food and Agriculture        | <input type="checkbox"/> Communications and/or IT  |
| <input type="checkbox"/> Child Care and/or Education | <input type="checkbox"/> Critical Manufacturing, Hazardous Materials, Financial Services, and Chemical |
| <input type="checkbox"/> Critical Infrastructure     | <input type="checkbox"/> Another field listed in EO N-33-20  |
| <input type="checkbox"/> State or Local Government   |  |

**OR**

C. My child is identified as one of the following **at-risk populations** (mark all that apply):

- Receiving services from Child Protective Services (CPS) or at risk of abuse, neglect; or exploitation, *or*
- Participating in the Emergency Child Care Bridge Program for Foster Children, *or*
- Experiencing homelessness as defined in the McKinney-Vento Homeless Assistance Act, *or*
- Is the survivor of domestic violence, and my family also meets the following eligibility and need requirements:
  - I have provided my family's current adjusted monthly income and family size; *or*
  - My family currently receives CalWORKs cash aid;

**AND**

D. Parent/Guardian A, Child care services are needed because I am (mark all that apply):

- Employed or seeking employment, *or*
- Engaged in an educational program for English Language Learners or to obtain a high school diploma or general educational development certificate, *or*
- Engaged in vocational training leading directly to a recognized trade, paraprofession or profession, *or*
- Seeking permanent housing for family stability, *or*
- Incapacitated
- My child has disabilities or special health care needs whose Individual Education Programs (IEP) or Individual Family Services Programs (IFSP) include early learning and child care services, and my family also meets the following eligibility and need requirements:
  - I have provided my family's current adjusted monthly income and family size; *or*
  - My family currently receives CalWORKs cash aid;

**AND/OR**

E. Parent/Guardian B, Child care services are needed because I **am** (mark all that apply):

- Employed or seeking employment, *or*
- Engaged in an educational program for English Language Learners or to obtain a high school diploma or general educational development certificate, *or*
- Engaged in vocational training leading directly to a recognized trade, paraprofession or profession, *or*
- Seeking permanent housing for family stability, *or*
- Incapacitated
- My child has disabilities or special health care needs whose Individual Education Programs (IEP) or Individual Family Services Programs (IFSP) include early learning and child care services, and my family also meets the following eligibility and need requirements:
  - I have provided my family's current adjusted monthly income and family size; *or*
  - My family currently receives CalWORKS cash aid;

F. I further understand that to receive Emergency Child Care, my family's assets cannot exceed \$1 million dollars. This self-certification is a requirement for my child(ren), named below, to be enrolled in an Emergency Child Care Program.

G. Name(s) and birthdate(s) of child(ren) to be enrolled and included in the family size:

<u>Child Name</u>	<u>Date of Birth</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total hours of child care needed per week: \_\_\_\_\_

H. My family's current total adjusted monthly income and family size are as follows (if applicable):

Monthly adjusted income: \_\_\_\_\_

Family size (all adults and child(ren) in the home): \_\_\_\_\_

- I. If for any reason this attestation is found to be false; I understand that I will not have met an eligibility requirement for the receipt of COVID-19 Emergency Child Care and my child(ren) may be subject to immediate disenrollment from any program my child(ren) is/are attending. I also understand that receipt of Emergency Child Care is subject to receipt of funding and that termination of services due to lack of funding or the program ending will not be subject to an appeal.

*By signing below, I attest that the information provided above is true and correct to the best of my knowledge.*

Parent A or B / Guardian Name (printed): \_\_\_\_\_

Parent A or B / Guardian Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

- J. Parent A or B / Guardian Contact Information:

Telephone number: \_\_\_\_\_

Address (street address, city, zip code): \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Updated May 11, 2021 – CDE  
Updated May 13, 2021 – SSI