

Child Care Assistance Waiting List Application

Are you currently receiving cash aid (CalWORKs)? Yes No

If receiving cash aid, your monthly amount: _____

If not receiving cash aid, have you ever received cash aid? Yes No

If yes, last date of cash aid (estimate okay): _____

In which county did you receive aid: _____

Case Number: _____

FAMILY INFORMATION (Please print clearly.)

Parent/Guardian A	Parent/Guardian B <input type="checkbox"/> Not In Home
Name: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____	Name: _____ <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____
Date of Birth: _____ In High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth: _____ In High School? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-mail: _____	E-mail: _____
Physical Address: _____ City: _____ Zip: _____	
Mailing Address: _____ City: _____ Zip: _____	
Home Phone: _____ Cell: _____ Alternate Phone: _____	

ELIGIBILITY AND NEED INFORMATION (List additional jobs in the comments section on back.)

Parent/Guardian A	Parent/Guardian B
Reason(s) for Care: <input type="checkbox"/> Working <input type="checkbox"/> School/Vocational Training <input type="checkbox"/> Job Seeking <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless <input type="checkbox"/> At Risk/CPS	Reason(s) for Care: <input type="checkbox"/> Working <input type="checkbox"/> School/Vocational Training <input type="checkbox"/> Job Seeking <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless <input type="checkbox"/> At Risk/CPS
Employer: _____	Employer: _____
Employer Phone: _____	Employer Phone: _____
Work Hours/Week: _____ Hourly Pay Rate: \$ _____	Work Hours/Week: _____ Hourly Pay Rate: \$ _____
Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly	Paid: <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly
Name of School: _____ # of Units: _____	Name of School: _____ # of Units: _____

CHILD INFORMATION (List ALL children included in the family size even if they don't need child care.)

1. Child's Name: _____ Date of Birth: _____ Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Child needs care? <input type="checkbox"/> Yes <input type="checkbox"/> No Does child have exceptional needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Child's Name: _____ Date of Birth: _____ Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Child needs care? <input type="checkbox"/> Yes <input type="checkbox"/> No Does child have exceptional needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Child's Name: _____ Date of Birth: _____ Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Child needs care? <input type="checkbox"/> Yes <input type="checkbox"/> No Does child have exceptional needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Child's Name: _____ Date of Birth: _____ Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Child needs care? <input type="checkbox"/> Yes <input type="checkbox"/> No Does child have exceptional needs? <input type="checkbox"/> Yes <input type="checkbox"/> No
Total number of children needing care: _____

HOUSEHOLD INCOME INFORMATION

Parent/Guardian A Monthly Income	Parent/Guardian B Monthly Income
Work Wages \$ _____	Work Wages \$ _____
CalWORKs Cash Aid \$ _____	CalWORKs Cash Aid \$ _____
Child Support Received \$ _____	Child Support Received \$ _____
Child Support Paid Out \$ _____	Child Support Paid Out \$ _____
Unemployment \$ _____	Unemployment \$ _____
SSI/SSP \$ _____	SSI/SSP \$ _____
Disability \$ _____	Disability \$ _____
Foster/Guardian Assistance \$ _____	Foster/Guardian Assistance \$ _____
Financial Aid \$ _____	Financial Aid \$ _____
Other: _____ \$ _____	Other: _____ \$ _____
Total Gross Income \$ _____	Total Gross Income \$ _____
Documentation for above items must be submitted.	Documentation for above items must be submitted.

Total monthly income: \$ _____ **Family size:** _____ **Preferred language:** _____

Are you currently receiving child care assistance with another agency? Yes No If yes, name: _____

Are any of your children enrolled in a state funded preschool program? Yes No If yes, name: _____

Which type of child care would you like to use (include name if possible): Undecided

Licensed Center Name: _____

Licensed Child Care Home Owner's Name: _____

Exempt Provider (friend or relative) Name: _____

Provider's **actual** relationship **to child:** Grandparent Aunt Uncle Other: _____

Required documentation:

1. **One month of income (all sources of income):** Includes - check stubs, child support, social security benefits, cash-aid benefits, unemployment, self-employment documentation and any other source of income for the household.
2. **School/Training:** School schedule, financial aid information, etc.
3. **Guardianship/Foster Care:** Placement documentation, custody papers, cash-aid benefits, etc.

A **COMPLETE & SIGNED** application along with **ALL NECESSARY DOCUMENTATION** is required to process an application.

Incomplete applications will not be processed. Applications may be returned via the following methods:

- **Mailed** to or dropped in the **Agency Drop Box** at: 5090 N West Ave, Fresno, CA 93711
- **Faxed** to: (559) 230-2051
- **Emailed** to: info@ssifresno.org

Parent Signature: _____ Date: _____

Comments: _____