



# 4Cs of Alameda County Eligibility List Application

<b>***Office Use Only***</b>
Data entered date _____
Entered by _____
Ranking _____

**How did you hear about 4Cs?** \_\_\_\_\_

Parent/Guardian # 1					
First Name	Last Name	Date of Birth			
Home Phone#	Alternate Phone #	Work Phone #			
Relationship to Child	Marital Status	Preferred Written Language			
Parent/Guardian # 2 (Only complete Parent # 2 if this parent lives in the same household)					
First Name	Last Name	Date of Birth			
Alternate/Message Phone	Work Phone #	Preferred Written language			
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)		Adult # 1	Adult # 2		
Child Protective Services (CPS) or at Risk		<input type="checkbox"/>	<input type="checkbox"/>		
Incapacity of Parent/Caretaker		<input type="checkbox"/>	<input type="checkbox"/>		
Homeless or seeking housing		<input type="checkbox"/>	<input type="checkbox"/>		
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"/>		
Actively Seeking Employment (Job Search)		<input type="checkbox"/>	<input type="checkbox"/>		
Seeking Part-Day Educational Preschool		<input type="checkbox"/>	<input type="checkbox"/>		
Currently on Cash Aid or has been in the last 24 months in California or has received a lump sum diversion payment in the last 24 months. If Yes, what county? _____		<input type="checkbox"/>	<input type="checkbox"/>		
Monthly Gross Income and Source (Before taxes and any other deductions)		Adult # 1	Adult # 2		
Employment Salary or wages/self-employment income (before taxes)		\$	\$		
Cash Aid (CalWorks/Welfare) <input type="checkbox"/> Family <input type="checkbox"/> Children Only		\$	\$		
Child/Spousal support <u>that you receive</u>		\$	\$		
Unemployment Benefits		\$	\$		
Worker's Compensation/Social Security/Disability		\$	\$		
Other Income (Please describe)		\$	\$		
<b>Total Gross Income</b>		<b>\$</b>	<b>\$</b>		



The following information should be completed regarding only those Children living in the home for which you have legal responsibility

	Child # 1	Child # 2	Child # 3	Child # 4
First Name				
Last Name				
Gender (M/F)				
Date of Birth				
Does the child have a special need?	Y/N	Y/N	Y/N	Y/N
If Yes, does the child have an IEP/IFSP or other?				
Is this a foster child or CPS?	Y/N	Y/N	Y/N	Y/N
Is a sibling currently enrolled on the program?	Y/N	Y/N	Y/N	Y/N
What type of Care will the child need? (Please circle all that apply)	Full-Time/ Part-Time Evenings / Weekends No service needed	Full-Time/ Part-Time Evenings/ Weekends No service needed	Full-Time/ Part-Time Evenings/ Weekends No service needed	Full-Time/ Part-Time Evenings/ Weekends No service needed
Are you currently receiving subsidized services from any other agency?	Y/N	Y/N	Y/N	Y/N
If yes, please list the name of the agency & location:				
Would you like to receive information about a Title five center?	Y/N	Y/N	Y/N	Y/N

\*\*\*Please remember this is an application for subsidized child care. This application does not guarantee that you will receive services\*\*\* I understand the following:

- The information provided is true and needed to determine my eligibility for a subsidized child care program and will be verified prior to my enrollment.
- This is not a first come first serve program. Eligible families are ranked based on family size and adjusted income. When 2 or more families rank equally, the family that applied first is given priority.
- I must contact 4Cs of Alameda County with updates to be on my application while waiting on the eligibility list. By signing this form, I am stating that the information is true and correct to the best of my knowledge.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

4Cs of Alameda County  
 Attn: Eligibility Application Processor  
 8105 Edgewater Drive, Ste. 270  
 Oakland, CA 94621  
 Phone (510) 244-0966, Fax (510) 383-3518