Self-Certification Form

COMMUNITY CHILD CARE COUNCIL (4CS) OF ALAMEDA COUNTY

Name of Parent/Guardian: _____ Phone: _____

Address: _____ City/State/Zip: _____

Email Address: _____

Name of Child: _____ ☐Male ☐Female School: _____ Grade: _____

Name of Child: _____ ☐Male ☐Female School: _____ Grade: _____

Name of Child: _____ ☐Male ☐Female School: _____ Grade: _____

Name of Child: _____ ☐Male ☐Female School: _____ Grade: _____

FULL-TIME CHILD CARE HOURS	PART-TIME CHILD CARE HOURS
You are eligible for full-time care up to 52.5 hours per week including travel time. Please indicate the Full-Time child care hours needed below: Sun: _____ to _____ Mon: _____ to _____ Tues: _____ to _____ Wed: _____ to _____ Thurs: _____ to _____ Fri: _____ to _____ Sat: _____ to _____	At this time, I will not use full-time care. I understand I can change my child's schedule by contacting my Child Care Specialist. Please indicate the Part-Time child care hours needed below: Sun: _____ to _____ Mon: _____ to _____ Tues: _____ to _____ Wed: _____ to _____ Thurs: _____ to _____ Fri: _____ to _____ Sat: _____ to _____

☐ ***For Welfare to Work (WTW) sanctioned parents only*:** – WTW sanctioned participants who had been off CalWORKs cash aid for **more than 24 months** & indicate an intent to cure their sanction are eligible to receive services immediately and continuous child care for 24 months. I've initiated the curing process by completing the following:

- Contacted my Social Service Agency (SSA) – Employment Counselor OR
- Submitted a completed WTW 31, Requested to Meet WTW Rules to get my Cash Aid Back to SSA OR
- Call general SSA number and leave a message to indicate an intent to cure sanction **(510) 670-6225**

☐ **Please indicate your reason for requesting child care services:**

_____

_____

☐ ***For Two-Parent Families*:** – Please indicate the second parent's reason for requesting child care services.

_____

Families must report their income if it exceeds the income guidelines listed below:

Family Size	1 or 2	3	4	5	6	7	8	9	10	11	12
Monthly Income	$7,119	$8,054	$9,636	$11,178	$12,720	$13,009	$13,298	$13,587	$13,876	$14,166	$14,455

Parent Signature: _____ Date: _____

NOTICE:

CalWORKs Recipients have 30 days to confirm child care has been secured.
After 30 days, participation in early engagement activities is mandatory.

Self-Certification Form

Office Use Only:

Parent Activity/Intention at initial certification:

Employed	Training / School
Seeking Employment	Incapacity
At Risk	CPS
Seeking Housing	

Parent Update for Transfer:

Phone Number:	
Address:	

Employed	Training / School
Seeking Employment	Incapacity
At Risk	CPS
Seeking Housing	