

Confidential Application for Child Development Services and Certification of Eligibility Form ELCD 9600, Page 1, (REV. 12/19)

School Site _____	<input type="checkbox"/> FRPM
Student Name _____	
Start Date _____	Stu. ID # _____
Teacher _____	Class _____
Type of Application: (Check one) Initial <input type="checkbox"/>	Recertification <input type="checkbox"/>

Note: State regulations require a formal application and certification for child development services. You will receive written notice of your eligibility no later than 30 days from the date of your signature on this form. This form must be completed by an agency representative in consultation with the family. The agency must verify and certify family eligibility prior to beginning services. *Refer to the attached instructions for the completion of this form.*

Section I. Family Identification. If you are a single parent/caretaker, check this box: See Instructions, Section I.

Name of parent/caretaker (full name, including middle initial) A.	Phone no. (cell or home)	Phone no. (work/school)
Name of parent/caretaker (full name, including middle initial) B.	Phone no. (cell or home)	Phone no. (work/school)
Street address	City	State
	Zip	FIPS code 06019

Section II. Family Eligibility and Reason for Needing Service

<input type="checkbox"/>	Protective Services	<input type="checkbox"/>	Current Aid Recipient	<input type="checkbox"/>	Income Eligible	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	FUSD Program Over Income	<input type="checkbox"/>	CSPPP Only-Qualified FRPM Resident
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B. Reason for Needing Service. Indicate all the reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/caretaker listed above. Attach documentation. (This section does not apply to part-day state preschool programs or programs for severely handicapped.)

Parent/Caretaker	Reason for Needing Service	Parent/Caretaker	Reason for Needing Service	Parent/Caretaker	Stages 1, 2, and 3 CalWORKs recipients only
	Homeless		Education or training		CalWORKs activities Date parent became ineligible for aid:
	Working		Actively seeking employment		Diversion Date: _____
	Child referred for protective services because of neglect, abuse, exploitation, or At-Risk thereof		Seeking permanent housing		Record date of entry into each stage: Stage 1: _____ Stage 2: _____ Stage 3: _____
	Parent/caretaker incapacitated because of medical or psychiatric special needs		CSPPP Only - No Need Required		
			CSPPP Only - FRPM Qualified Resident		

C. Employment/Training Information. Must be completed for each adult listed in Section I above to document need on the basis of employment or training. (Attach documentation.)

Parent/Caretaker	Employer/School	Street Address	City	Zip				
A								
A								
Days and working/training hours:	From: _____ To: _____	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Parent/Caretaker	Employer/School	Street Address	City	Zip				
B								
B								
Days and working/training hours:	From: _____ To: _____	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Section III. Family Adjusted Gross Monthly Income and Size

A. Family monthly income. The family's adjusted monthly income from all sources (Attach verification and documentation.): \$ _____
 B. Family income sources (Check all that apply. Do not count the gray shaded areas in Section III. A above.) **Black shaded boxes for CalWORKs recipients only.**
NOTE: Section III B is for federal data collection purposes only.

<input type="checkbox"/>	Employment, including self-employment	<input type="checkbox"/>	Other federal cash income programs (such as SSI)
<input type="checkbox"/>	Child support	<input type="checkbox"/>	Housing voucher or cash assistance
<input type="checkbox"/>	Cash or other assistance under Title IV of the Social Security Act (TANF)	<input type="checkbox"/>	Assistance under the Food Stamps Act of 1977
<input type="checkbox"/>	State-only alien and two-parent programs for CalWORKs recipients	<input type="checkbox"/>	Other:

C. Family size (See "Funding Terms and Conditions" for instructions on calculating family size.): _____

D. Parent(s) currently on active duty (i.e. serving full-time) in the U.S. Military? YES ___ NO ___

E. Parent(s) a current member of a National Guard or Military Reserve Unit? YES ___ NO ___

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Section IV. Data on Children. List ALL children residing in the home and counted in the family size.

Complete for all children residing in the home			Complete only for children served by your agency				For children enrolled in more than one program or site, use additional lines as needed														
(1) Full Name of Child Including Middle Initial	(2) Gender		(3) Birth Date MM/DD/YYYY	(4) Adjustment Factor Code	(5) Ethnicity	(6) Race	(7) Native Language		(8) Program Code	(9) Type of Care Code	(10) Hours of Care per Day										
	M	F					Language Code	Child is English Learner? (School age ONLY)			M	T	W	T	F	S	S				
										04	S										

Section V. Certification and Signature of Parent/Caretaker.

<p>1. I understand that I am self-certifying single parent status under penalty of perjury in Section 1 of this document when the single parent/caretaker box has been checked. Parent Initials: _____</p> <p>2. I understand that the information about my eligibility may be reviewed by representatives of the State of California, the federal government, independent auditors, or others as necessary for the administration of the program.</p> <p>3. I understand that if the agency denies this application for services, I have the right to appeal.</p> <p>4. I understand that I will receive a notice of approval or disapproval of my application within 30 days from the date I sign this form.</p>	<p>5. I understand that this certification is not complete until all documentation is submitted and this form has been signed and dated by me and reviewed, signed, and dated by an agency representative.</p> <p>6. I certify that my family assets do not exceed \$1,000,000; Child Care and Development Block Grant Act Section 658 p (4)(B).</p> <p>7. I understand that I must renew my eligibility at least once a year. I further understand that if I do not renew my eligibility, I will no longer be eligible for subsidized child care services for my child.</p>
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I DECLARE UNER PENALTY OF PERJURY THAT THE ABOVE INFORMAITON IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____	Date _____	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe _____
Signature _____	Date _____	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe _____

Section VI. Family Fee (Refer to the current CDE Family Fee Schedule). For Office Use Only

Type of Fee	Flat Monthly Fee Rate (See the instructions for Section VI.)	
<input type="checkbox"/> Full-time 130 hours or more per month	Flat Monthly Rate: \$ _____	Specifics: _____
<input type="checkbox"/> Part-time Under 130 hours per month	Flat Monthly Rate: \$ _____	Specifics: _____

Section VII. For Office Use Only. (Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative.)

Eligibility Status: <input type="checkbox"/> Denied <input type="checkbox"/> Accepted-FRPM Site Name: _____	Date Notice of Action Sent (Attach copy) _____	Date Notice of Action Given (Attach copy) _____	First date of subsidized service _____	Last date of enrollment _____
Signature of Authorized Agency Representative _____		Title _____	Telephone number _____	Date _____

(5) Ethnicity. Enter a "Y" if the child is Hispanic or Latino. Otherwise, enter an "N".		(7) Native Language Codes. 00 – English 01 – Spanish 02 – Vietnamese 04 – Korean 05 – Filipino (Tagalog) 08 – Japanese 09 – Khmer (Cambodian) 11 – Arabic 12 –		
(6) Race. 1 - American Indian or Alaskan Native Armenian 3 - Black or African American 5 - Caucasian	2 – Asian 4 - Native Hawaiian or other Pacific Islander	18 – Germany 28 – Punjabi 49 – Mixteco	22 – Hindi 29 – Russian 99 – Other non-English	23 – Hmong 32 – Thai