



CCOE - Children's Services Child Care and Preschool Application

345 5th Street, Colusa, CA 95932

Ph: (530) 458-0350

Fax: (530) 458-0310

PARENT A	PARENT B
NAME: _____	NAME: _____
DOB: _____ Primary Lang: _____ Bi-Lingual? _____	DOB: _____ Primary Lang: _____ Bi-lingual? _____
Mailing Address: _____	Mailing Address: _____
Physical Address: _____	Physical Address: _____
City: _____ Zip Code: _____	City: _____ Zip Code: _____
Home/Cell Number: _____	Home/Cell Number: _____
<input type="checkbox"/> Living in the home? <input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Living in the home? <input type="checkbox"/> Married <input type="checkbox"/> Single
Relationship to child: _____ <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless <input type="checkbox"/> Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Training <input type="checkbox"/> Encarcerated	Relationship to child: _____ <input type="checkbox"/> Incapacitated <input type="checkbox"/> Homeless <input type="checkbox"/> Employed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Training <input type="checkbox"/> Encarcerated
<input type="checkbox"/> Ame. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hisp./Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other	<input type="checkbox"/> Ame. Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hisp./Latino <input type="checkbox"/> Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other
Level of Education: _____	Level of Education: _____
Work and/or School Information	Work and/or School Information
Employer/ School Name: _____	Employer/ School Name: _____
Employer Address: _____	Employer Address: _____
City: _____ Zip Code: _____	City: _____ Zip Code: _____
Phone: _____	Phone: _____
Hours: From: _____ To: _____	Hours: From: _____ To: _____
Currently participating in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No Previously participated in CalWORKs activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If no longer receiving CalWORKs cash aid, date last received: _____	
Other adults living in the home (if counted in the family size, income must be included):	
NAME: _____ DOB: _____ Relationship to Child: _____	
NAME: _____ DOB: _____ Relationship to Child: _____	
List zip code(s) where you prefer to have child care: _____	
How did applicant hear about our services?	

CHILDREN

Name (last name first)	Male or Female?	DOB	Days and Hours of Care Needed						
			M	T	W	Th	F	S	S
			M	T	W	Th	F	S	S
			M	T	W	Th	F	S	S
			M	T	W	Th	F	S	S
		/ /	M	T	W	Th	F	S	S
		/ /	M	T	W	Th	F	S	S
		/ /	M	T	W	Th	F	S	S
Does anyone counted in the family size have an IFSP/IEP?	Yes () No ()	If yes who?	Attach copies of IFSP/IEP (this information is critical to complete selection criteria)						
Is Mom Pregnant?	Yes () No ()	Due Date:							
If parent is seeking a center slot and is employed with CCOE-Children's Services, is the parent placed in the same classroom where child would be placed?	Yes () No ()								
Comments/Important Notes:									

ELIGIBILITY INFORMATION AND STAFF CERTIFICATION
 Note: Shaded areas to be completed by an Area Manager only.

Comments for waiting list:	
<p>CEL Data Entry</p> <p>Entered on: _____</p> <p>Entered by: _____</p> <p>Application Expires: _____ (1 year from date of Application)</p>	

CCOE-Children's Services

Required Documents to

Complete Intake Application

Please have the required documentation that applies to your family circumstances from the list below to complete the intake application process. You must provide all applicable documentation for every adult in the household:

Income:

- 2017 W-2's **AND** income tax forms from 2017
- Self Employment Records (quarterly and/or monthly)
- All wage stubs or year to date income information from all employers from January 2014 to present
- Dividends, Interest
- Unemployment income (Form 1099 for previous year and Print Out from EDD for current unemployment)
- SSI/SSP
- Public Assistance/TANIF Notice of Action or Passport to Services Printout
- Cash or other Assistance (do not include food stamps)
- Disability Income (State and/or Private)
- Child Support Payments (received)
- Child Support Payments (paid out)
- Worker's Compensation
- Alimony (received or paid out)
- Pensions

Note: If all documents necessary are not submitted at time of appointment, your application will be incomplete and you will have to re-schedule.

Appointment Date: _____

Time: _____

Staff Name: _____