

Marin County Centralized Eligibility List Update

The Centralized Eligibility List (CEL) is a list of families needing child care assistance in Marin County. Any child care program in Marin County funded by the California Department of Education or the Head Start program in Marin County may call families from this list to offer no cost or low cost child care.

Please mail your completed form to:

Marin Child Care Council
555 Northgate Drive, Ste. 105
San Rafael, CA 94903

PARENT 1 INFORMATION

Parent's Name _____
Last First Middle

Gender Male Female Birth Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____

Cell/Message Phone _____ Email Address _____

Are you married and currently living with your spouse? Yes No
 Is the second parent to at least one of the children living in the home? Yes No

PARENT 2 INFORMATION

➤ **Complete this section only if the second parent is currently living in the home.**

Second Parent's Name _____
Last First Middle

Gender Male Female Birth Date _____

Cell/Message Phone _____ Email Address _____

NEED FOR CARE

Are you interested in your 3-5 year old child attending a part-day educational preschool? Yes No

Why do you need services? *(Check all that apply)*

Parent 1: Working/Self-Employment School/Training Seeking Employment Medical Incapacitation Seeking Permanent Housing CPS

Parent 2: Working/Self-Employment School/Training Seeking Employment Medical Incapacitation Seeking Permanent Housing CPS

Parent Employment* Information (if currently working) * Please include any self-employment information also

	Parent #1	Parent #2
Employer Name:		
Zip Code of Employer:		
Phone/Ext.:		
Hourly Pay Rate:	\$	\$
Estimated Hours Worked per Week:		

Parent School/Training Information (if currently attending school/training)

	Parent #1	Parent #2
School Name:		
Zip Code of School:		
Educational Goal:		
Hours of Activity Per Week:		
Anticipated Completion Date(year):		

INCOME INFORMATION

Are you currently on Cash Aid? Yes No
 (If yes, please enter the amount received last month in the **Other Family Income** section on the back)

Have you ever been on Cash Aid in California (CalWORKS)? Yes No
 If yes, most recent County of Cash Aid _____ Date Cash Aid ended _____

Enter your monthly *income from all sources other than wages from employment*.
Please note that all income will require verification prior to enrollment.

Regular Income	Parent 1	Parent 2
(Please Circle) SSA, SSI/SSP (child), SSI/SSP (parent), Unemployment	\$	\$

Income Adjustments		
Child Support Paid	\$	

Other Family Income	
Adoption Assistance, Cash Aid (children only), Cash Aid (family)	\$
Child Support Received	\$
Other	\$

CHILD(REN) INFORMATION

Enter information for each child in the household under the age of 18, or 21 if child has special needs, for determination of family size

Name _____
First Middle Last

Birth Date: _____

Does this child need care: Yes No

Currently in Child Care: Yes No

Services Needed: (check all that apply)

Full-time Part-time Preschool Weekends
 Before/After School Evenings Overnight

Child Care Location Zip Code or Center Preferences (if any):

Name _____
First Middle Last

Birth Date: _____

Does this child need care: Yes No

Currently in Child Care: Yes No

Services Needed: (check all that apply)

Full-time Part-time Preschool Weekends
 Before/After School Evenings Overnight

Child Care Location Zip Code or Center Preferences (if any):

Name _____
First Middle Last

Birth Date: _____

Does this child need care: Yes No

Currently in Child Care: Yes No

Services Needed: (check all that apply)

Full-time Part-time Preschool Weekends
 Before/After School Evenings Overnight

Child Care Location Zip Code or Center Preferences (if any):

Name _____
First Middle Last

Birth Date: _____

Does this child need care: Yes No

Currently in Child Care: Yes No

Services Needed: (check all that apply)

Full-time Part-time Preschool Weekends
 Before/After School Evenings Overnight

Child Care Location Zip Code or Center Preferences (if any):

Please remember that this is only an application for the Centralized Eligibility List for subsidized child care. This application does not guarantee that you will receive services.

CERTIFICATION

The information provided on this application will be shared with all subsidized child care programs in Marin County. I understand the information provided is needed to determine my eligibility for a subsidized child care program. I affirm that this information is correct.

Parent Signature: _____

Date: _____

