

CCOE - Children's Services Child Care 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 Hawiian/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 Hawiian/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: _____
<p>Currently receiving cash aid? <input type="checkbox"/> YES <input type="checkbox"/> NO Previously received cash aid in the last 24 months? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">If no longer receiving cash aid, date last received: _____</p>	
<p>Other adults living in the home (if counted in the family size, income must be included):</p>	
NAME: _____	DOB: _____ Relationship to Child: _____
NAME: _____	DOB: _____ Relationship to Child: _____
List zip code(s) where you prefer to have child care: _____	
<p>How did applicant hear about our services? <input type="checkbox"/> past parent <input type="checkbox"/> family/friend <input type="checkbox"/> county agency <input type="checkbox"/> social media <input type="checkbox"/> community event <input type="checkbox"/> other</p>	
<p>I certify that the information above and documents presented are accurate. Yo certifico que toda la informacion arriba y todos los documentos presentados son ciertos.</p>	
Parent/Guardian Signature: _____	Date: _____
Signature of Staff Completing Intake: _____	Date: _____
Comments/Important Notes: _____	

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	
		/ /								
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:	
CEL Data Entry Entered on: _____ Entered by: _____ Application Expires: _____ (1 year from date of Application)	

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 any or all documentation (only if it applies) for every adult in the household:

Income:

- 2020 W-2's **AND** income tax forms from 2020
- Self Employment Records (quarterly and/or monthly)
- All wage stubs or year-to-date income information from all employers from January to present
- Dividends, Interest
- Unemployment income (Form 1099 and Print Out from EDD for current unemployment)
- SSI/SSP
- Public Assistance/TANF (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)
- Pension

Other:

- Copies of Birth Certificates for all children living in the home that are under the age of 18
- Signed Release of Information (see attachment)

If you would like to submit your intake application in person or need assistance with making the copies of your documents please call (530) 458-0350 and ask assistance.

Note: If all documents necessary are not submitted, your application will be incomplete and you will not be placed on Waiting List.

CCOE-Servicios de Niños

Documentos Necesarios Para

Completar Aplicación de Servicios

De la lista enseguida por favor traiga los documentos requeridos que le apliquen a su familia. Tiene que proveer toda la documentación que aplica de cada adulto que forma parte de su familia.

Ingresos:

- Forma W-2 del 2020 **Y** los impuestos del 2020
- Record de Negocio Propio (por mes o por trimestre)
- Todos los talones de ingresos del año actual (enero al presente) de todos los patrones y/o lugares de empleo
- Intereses
- Ingresos del desempleo
- SSI/SSP (Seguro Social)
- Asistencia Pública/TANF (Notificación de Acción o Reporte Pasaporte de Servicios)
- Dinero en efectivo u otra asistencia (no incluya estampillas de comida)
- Ingresos de Incapacidad (Estatal/Privado)
- Pagos de Manutención de Niños (recibida)
- Pagos de Manutención de Niños (que usted paga)
- Compensación del Trabajador
- Sostenimiento de Esposo/a (recibido o pagado por su parte)
- Pensiones

Otros documentos:

- Copias de las actas de nacimiento de todos los menores de 18 años que viven en su casa
- Permiso de compartir información firmado (ver documento adjunto)

Si desea entregar su solicitud de admisión en persona o necesita ayuda para hacer las copias de sus documentos, llame al (530) 458-0350 y solicite asistencia.

Nota: Si usted no trae todos los documentos necesarios a su cita, su aplicación quedará incompleta y usted tendrá que hacer otra cita para terminar su aplicación.