Confidential Application for Child Development Services and Certification of Eligibility
Form EESD 9600, Page 1, (REV. 9/17)

Agency Name: _____
Family Identification/Case No.: _____
Initial Subsidized Service Date: _____
Type of Application: (Check one) Initial ☐ Recertification ☐

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

Section II. Family Eligibility and Reason for Needing Service

A. Family Eligibility Status (Check as many as apply.)

	Protective Services		Current Aid Recipient		Income Eligible		Homeless		Programs for the severely handicapped

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					

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.

	Employment, including self-employment		Other federal cash income programs (such as SSI)
	Child support		Housing voucher or cash assistance
	Cash or other assistance under Title IV of the Social Security Act (TANF)		Assistance under the Food Stamps Act of 1977
	State-only alien and two-parent programs for CalWORKs recipients		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** ___
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	(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	MM/DD/YYYY				Language Code	Child is English Learner? (School age **ONLY**)				M	T	W	T	F	S	S
											S							
									Provider/site name:		V							
											S							
									Provider/site name:		V							
											S							
									Provider/site name:		V							
											S							
									Provider/site name:		V							
											S							
									Provider/site name:		V							

Section V. Certification and Signature of Parent/Caretaker.

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: _____

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.

3. I understand that if the agency denies this application for services, I have the right to appeal.

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.

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.

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).

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.

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: ☐ Parent ☐ Grandparent ☐ Guardian ☐ Foster Parent ☐ Other: Please describe _____
Signature	Date	Relationship to Child: ☐ Parent ☐ Grandparent ☐ Guardian ☐ Foster Parent ☐ Other: Please describe _____

Section VI. Family Fee (Refer to the current CDE Family Fee Schedule).

Type of Fee	Flat Monthly Fee Rate (See the instructions for Section VI.)	
☐ Full-time **130 hours or more per month**	Flat Monthly Rate: $	Specifics:
☐ 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: ☐ **Accepted** ☐ **Denied**	**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**
Signature of Supervisor (Optional)		**Title**	**Telephone number**	**Date**