

SOLANO SUBSIDIZED CHILD CARE ELIGIBILITY LIST APPLICATION

The Solano Subsidized Child Care Eligibility List is a list of families needing child care assistance in Solano County. Any child care program in Solano County, funded by the California Department of Education (CDE) may call families from this list to offer no-cost or low-cost child care.

By placing your name on the eligibility/waiting list, you may be considered for enrollment by programs serving the entire County, programs serving specific age groups, or by programs serving your child's elementary school. Any program funded by CDE that operates within Solano County will be able to view information about you and your family.

If you have a child under 13 years old (or under 22 if they have special needs), and you are working/enrolled in school or in a training program, and your family meets the income eligibility limits (if applicable), you may be eligible to receive child care assistance.

Please keep in mind that this is only an application to be added to our eligibility/waiting list for subsidized child care. This application does not guarantee that you will receive assistance. Once an application has been processed, a postcard confirmation will be sent to the applicant within 14 days.

Mail your completed application to:
 Solano Family & Children's Services
 421 Executive Court North
 Fairfield, CA 94534-4019

Contacts:
 Direct (707) 864-4640
 Main (707) 863-3950
 Fax (707) 863-3975
 Web.....info@solanofamily.org

For Office Use Only:



APPLICANT INFORMATION

Applicant's Name: _____
Last First Middle

Gender: Male Female Birth Date: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Best time to call: _____

Email Address: _____

Are you the Parent Grand Parent Guardian to one or more of the children?

Are you married? Yes No Do you live with your spouse? Yes No

Is the second parent to at least one of the children listed on this application living with you? Yes No

SECOND PARENT INFORMATION

COMPLETE THIS SECTION ONLY IF YOUR SPOUSE OR THE SECOND PARENT IS CURRENTLY LIVING IN THE HOME.

Second Parent: _____ Birth Date: _____
Last First Middle

Gender: Male Female Phone: _____ Email: _____

NEED FOR CHILD CARE

Is the family homeless? Yes No Do you (or does the child) have an open CPS case? Yes No

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

Why do you need child care services (check all that apply)?

Applicant: Working School/Training Seeking Work Medical Incapacity Seeking Housing CPS/At Risk

2nd Parent: Working School/Training Seeking Work Medical Incapacity Seeking Housing CPS/At Risk

APPLICANT'S EMPLOYMENT INFORMATION (If currently working)

| | Applicant | Second Parent/Guardian |
|----------------------------------|-----------|------------------------|
| Employer Name: | | |
| Employer Zip Code: | | |
| Employer Phone# & Ext: | | |
| Number of Hours Worked Per Week: | | |
| Hourly Rate of Pay: | \$ | \$ |

List Tips/Commission/Bonuses/Other Pay: \$ _____ How Often Received: _____

APPLICANT'S SCHOOL/TRAINING INFORMATION (If currently attending school/training)

| | Applicant | Second Parent/Guardian |
|------------------------------------|-----------|------------------------|
| School Name: | | |
| School Zip Code: | | |
| Weekly Hours in School Activities: | | |

INCOME INFORMATION

Are you currently receiving Cash Aid (TANF) from the County? Yes No

If so, please enter the amount of cash aid you received last month in the "Other Family Income" section on the next page.

Have you ever been on Cash Aid (TANF) in California? Yes No

If so, list the last county and last date you received it in: _____ and _____
County Date Last Received

Enter your **monthly** income from all sources other than wages paid by your employer:

| Regular Income | Applicant | Second Parent |
|--------------------------|-----------|---------------|
| Self-Employment | \$ | \$ |
| SSA (Parent) | \$ | \$ |
| SSI/SSP (Parent) | \$ | \$ |
| Spousal Support Received | \$ | \$ |
| Unemployment | \$ | \$ |
| Other | \$ | \$ |

| Other Family Income | |
|----------------------------|----|
| Cash Aid (Parent Included) | \$ |
| Cash Aid (Child Only) | \$ |
| Child Support Received | \$ |
| Foster Care | \$ |
| SSA (Child) | \$ |
| SSI/SSP (Child) | \$ |
| Other | \$ |

| Income Adjustments | |
|--|----|
| MONTHLY AMOUNT OF CHILD SUPPORT PAID OUT BY YOU TO SOMEONE ELSE | \$ |

CHILD INFORMATION

Enter information for each child in the household under the age of 21. Use a second sheet of paper if needed.

Child's Name: _____ Male Female Birth Date: _____
Last First Middle

Relationship to Applicant? Biological/Adoptive/Stepchild Foster Guardianship Grandchild

Does the child have Special Needs? Yes No If so, is there an IEP or IFSP? Yes No

Is the child currently enrolled in Subsidized Child Care? Yes No If so, where? _____

Does the child attend Elementary School? Yes No If so, where? _____

Child Care Services Needed (check all that apply):

Full-Time Part-Time Preschool Before/After School Evenings Weekends No Child Care Needed

Child Care Location Zip Code/County Preference(s): _____

~~~~~  
 Child's Name: \_\_\_\_\_  Male  Female Birth Date: \_\_\_\_\_  
Last First Middle

Relationship to Applicant?  Biological/Adoptive/Stepchild  Foster  Guardianship  Grandchild

Does the child have Special Needs?  Yes  No If so, is there an IEP or IFSP?  Yes  No

Is the child currently enrolled in Subsidized Child Care?  Yes  No If so, where? \_\_\_\_\_

Does the child attend Elementary School?  Yes  No If so, where? \_\_\_\_\_

Child Care Services Needed (check all that apply):

Full-Time  Part-Time  Preschool  Before/After School  Evenings  Weekends  No Child Care Needed

Child Care Location Zip Code/County Preference(s): \_\_\_\_\_

~~~~~  
 Child's Name: _____ Male Female Birth Date: _____
Last First Middle

Relationship to Applicant? Biological/Adoptive/Stepchild Foster Guardianship Grandchild

Does the child have Special Needs? Yes No If so, is there an IEP or IFSP? Yes No

Is the child currently enrolled in Subsidized Child Care? Yes No If so, where? _____

Does the child attend Elementary School? Yes No If so, where? _____

Child Care Services Needed (check all that apply):

Full-Time Part-Time Preschool Before/After School Evenings Weekends No Child Care Needed

Child Care Location Zip Code/County Preference(s): _____

~~~~~

**How did you hear about us?**  Friend/Family/Word of Mouth  Child Care Provider  Facebook  Instagram  
 Other Social Media: \_\_\_\_\_  Outreach Event: \_\_\_\_\_  Solano County Health & Social Services  
 Other: \_\_\_\_\_

**CERTIFICATION**

I give...  I do not give... my permission to be contacted/included in child care advocacy efforts.

The information provided on this application may be shared with all subsidized child care programs in Solano County. I understand the information provided is needed to determine my eligibility for a subsidized child care program, and it will be verified prior to my enrollment. I affirm that this information is true and correct, to the best of my knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_