SFCS SUBSIDIZED CHILD CARE ELIGIBILITY LIST APPLICATION

Solano Family & Children's Services (SFCS) maintains a Subsidized Child Care Eligibility List (SEL). The SEL is a list of families needing help paying for child care in Solano County. If you have a child under 13 years old (or under 22 if they have special needs), and you are working/looking for work, enrolled in school or in a training program, or experiencing homelessness, and your family meets the income eligibility limits (if applicable), you may be eligible to receive no-cost or low-cost 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 ❑ Grandparent ❑ 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

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:		

CATEGORICAL ELIGIBILITY

Are you currently receiving any of these services for yourself, your child, or both?

❒ Medi-Cal ❒ CalFresh (food stamps/SNAP) ❒ California Food Assistance Program (CFAP) ❒ Head Start

❒ Early Head Start ❒ California Special Supplemental Program for Women, Infants, and Children (WIC)

❒ The Federal Food Distribution Program on Indian Reservations

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 Receive

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: _____