

**TEHAMA COUNTY  
ELIGIBILITY WAIT LIST APPLICATION**

Revised Jan 2016

Family ID # \_\_\_\_\_ Rank # \_\_\_\_\_

**PLEASE COMPLETE ALL THAT APPLY**

Please place a check in the programs you prefer.

☐ **CCRE - Alternative Payment Program**

Program serves 0-13 years old, days and times vary. You choose your provider. **Please initial if your information can be shared between CCRE & TCDE**

☐ **FCCHEN 0-5 Subsidized Child Care (TCDE)**

Program serves 0-5 years old. Parents must choose one of the approved and participating licensed family child care homes. **Please initial if your information can be shared between TCDE & CCRE**

**How did you hear about us?** ☐ Flyer/Printed Materials ☐ School Site ☐ Radio ☐ Friend/Family ☐ Other \_\_\_\_\_

☐ I would like information about other resources.

**Circle / specify your needs.**

State Preschool, Head Start, Health, Counseling, School Readiness, Food Stamps, Health insurance, child care referrals, etc.

Other: \_\_\_\_\_

**What are your child care needs? Check all that apply:**

☐ Full time ☐ Part time ☐ Evening ☐ Weekend ☐ Variable ☐ Overnight

**List the zip code(s) you prefer to have child care services in:** \_\_\_\_\_

**Primary Language:** ☐ English ☐ Spanish ☐ Other: \_\_\_\_\_

<b>MARITAL STATUS</b>		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		<b>FAMILY SIZE (required):</b>		<b>CHECK ONE FOR EACH PARENT/GUARDIAN:</b>	
<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER PARENT		<b>NAME (adult):</b>		Birth date:		<input type="checkbox"/> WORKING <input type="checkbox"/> IN SCHOOL <input type="checkbox"/> SEEKING WORK <input type="checkbox"/> HOMELESS <input type="checkbox"/> INCAPACITY/UNABLE TO WORK *required for Alternative Payment Prog.	
		Email address:					
<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> FOSTER PARENT		<b>NAME (adult):</b>		Birth date:		<input type="checkbox"/> WORKING <input type="checkbox"/> IN SCHOOL <input type="checkbox"/> SEEKING WORK <input type="checkbox"/> HOMELESS <input type="checkbox"/> INCAPACITY/UNABLE TO WORK *required for Alternative Payment Prog.	
		Email address:					
<b>ADDRESS</b>		Physical:		CITY/ST		ZIP	
		Mailing:					
<b>PHONE #</b>		<b>CELL/MESSAGE PHONE#</b>		<b>WORK Phone#</b>			

Are you currently with another subsidized child care program?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you (ADULT) received Cash Aid/AFDC in California within the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, where? _____			If yes, what county? _____	

**FAMILY INCOME**

<b>Earnings before taxes</b> (employment)	\$ _____ per month					
<b>Other Income</b> (Please list income including but not limited to child support, disability, unemployment, TANF, Foster Care)	\$ _____ Source: _____		\$ _____ Source: _____			
	\$ _____ Source: _____		\$ _____ Source: _____			
<b>Total Gross Monthly Income</b> (before taxes & deductions)	\$ _____					
<b>If YOU PAY</b> child support or alimony	- ( _____ ) please list the monthly amount					
<b>List all Children Requiring Child Care</b>	<b>Sex M/F</b>	<b>Birth Date</b>	<b>Age</b>	<b>Name of School Child Attends</b>	<b>Does child have special needs? (IEP or IFSP or FOSTER CARE?)</b>	<b>Is the child receiving child protective services?</b>
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**MAIL, FAX, EMAIL OR DELIVER APPLICATION TO:**  
 Child Care Referral and Education: 409 Walnut Street, Red Bluff, CA 96080  
 CONTACT: (530) 529-3131 FAX: (530) 529-6631 EMAIL: [amhernandez@shastacoe.org](mailto:amhernandez@shastacoe.org)

**Thank you for submitting your application for Subsidized Child care programs that provide financial assistance towards the cost of child care. Your application will be placed on the Eligibility Wait List!**

The Eligibility Wait List (EWL) is the wait list for the Alternative Payment Program administered by Child Care Referral and Education. We are also referring families to the FCCHEN 0-5 Child Care Program administered by Tehama County Department of Education.

### **How do I get selected?**

Families who have the lowest income and have been on the wait list the longest are served first, unless a referral is received from Child Protective Services for a child who is at risk of abuse or neglect. Those families are always served first.

### **How long is the Wait?**

The wait varies. Unfortunately it is not possible to give you an approximate time. Enrollments are only made when funding becomes available or when there is an opening in a program. Placement on the wait list is not a guarantee of services.

### **What happens next?**

Make sure to select all programs that you are interested in on your application. You will receive a postcard in the mail within 2 weeks that you have been placed on the waiting list.

Submit your application to: 409 Walnut Street, Red Bluff, CA 96080

Update your application every 6 months & anytime there is a change in your information.

## **WHAT PROGRAMS ARE AVAILABLE?**



### **CCRE Subsidized Child Care Alternative Payment (ages 0-13 yrs)**

The Alternative Payment Program administered by the Child Care Referral and Education is a parental choice program that serves children ages 0-13 years for parents while they work, job search or are in training. Eligibility is determined according to need, the size of your family and gross monthly income. Families may choose from a variety of child care settings; child care centers, licensed family child care homes, a friend, family member or a neighbor (license exempt).



### **Tehama County Department of Education FCCHEN (0-5 yrs)**

The Family Child Care Home Education Network is designed to provide full or partial payment for child care for an eligible family. In order to be eligible, the child must be under 5 years old. Enrollment is based on eligibility and need as openings occur. Priority for enrollment is defined by the State Department of Education. Parents must choose one of the approved and participating licensed family child care homes.

**Contact Angelica Hernandez @ (530) 529-3131 to ask questions or to update your status.  
For more information:**

- Visit the Shasta County Office of Education website @ [www.shastacoe.org](http://www.shastacoe.org)
- Stop by 409 Walnut Street, Red Bluff, CA 96080