



**CHILD CARE ELIGIBILITY LIST (CCEL)
Eligibility Questionnaire for Subsidized Child Care Services**

This Eligibility Questionnaire (EQ) provides us with your basic information so that you can be placed on Children's Home Society of California's Child Care Eligibility List (CCEL) to wait for available funding for child care subsidy. This is not an application for any particular program. It is very important that you provide all information requested, so that your family can be placed on the list for subsidized services. If you have any questions about how to complete this form, please call our office.

1. Check one: Single parent/guardian Two-parent/guardian family (be sure to complete information for both parents below)

2. Family Size: _____ (Be sure to count yourself, any other parent/guardian, and all of your children under the age of 18 years old, living in the home)

3. Primary Parent/Guardian Information (Adult living in the home who is primarily responsible for the child)

Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian/Foster Parent <input type="checkbox"/> Other: _____					
_____		_____		_____	
First Name	Middle Initial	Last Name	Date of Birth		
_____		_____		_____	
Address		Apt#	City	State	Zip Code County
()		()	ext.	()	
Home Phone		Work Phone		Cell Phone	
_____		_____		_____	
Language Preference			Email Address		
Check all that are applicable for this parent/guardian:					
<input type="checkbox"/> Working: Total hours per week: _____ (Work Zip Code: _____)			<input type="checkbox"/> In School/Training (School Zip Code: _____)		
<input type="checkbox"/> Looking for Work			<input type="checkbox"/> Incapacitated (medically unable to work)		
<input type="checkbox"/> On medical or family leave: Date returning to work/school: _____			<input type="checkbox"/> Looking for Permanent Housing		

4. Secondary Parent/Guardian Information (Any other adult living in the home who shares responsibility for the child)

Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian/Foster Parent <input type="checkbox"/> Other: _____					
_____		_____		_____	
First Name	Middle Initial	Last Name	Date of Birth		
_____		_____		_____	
Work Phone		Cell Phone		_____	
_____		_____		_____	
Language Preference			Email Address		
Check all that are applicable for this parent/guardian:					
<input type="checkbox"/> Working: Total hours per week: _____ (Work Zip Code: _____)			<input type="checkbox"/> In School/Training (School Zip Code: _____)		
<input type="checkbox"/> Looking for Work			<input type="checkbox"/> Incapacitated (medically unable to work)		
<input type="checkbox"/> On medical or family leave: Date returning to work/school: _____			<input type="checkbox"/> Looking for Permanent Housing		

5. Other Family Eligibility Information

- Your child(ren) may be eligible for immediate subsidized services if one or both of the adults in the family has received cash assistance (TANF) within the last 24 months. Has either adult listed above ever received cash aid (TANF)? Yes No
If you checked “yes,” please write the last month/year you received TANF: _____ and from what County: _____
- Your child(ren) may be eligible for immediate subsidized services if there is an open Child Protective Services (CPS) case, or if the child is identified as “at risk” of abuse, neglect, or exploitation based upon the assessment of a legally qualified professional. Is there an active CPS or At-Risk case open for your child(ren)? Yes No
- Is anyone who is included in the family size certified to receive benefits from any of the following means-tested government programs? Medi-Cal CalFresh California Food Assistance Program California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) The Federal Food Distribution Program on Indian Reservations Head Start Early Head Start
*If you selected any of the boxes within this section, only enter the income amount that you entered on your application for services for that program in the *Family Income Information* section below. Do not enter additional income.
- Is your family currently experiencing homelessness or seeking permanent housing? Yes No
- Is your family’s primary home language a language other than English? Yes No

6. Family Income Information (Monthly income before taxes and deductions; include income for both parents listed on page 1)

	Primary Parent or Guardian Income	Secondary Parent or Guardian Income
Employment Income	Gross Pay: \$ _____ Per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month	Gross Pay: \$ _____ Per <input type="checkbox"/> hour <input type="checkbox"/> week <input type="checkbox"/> month
Cash Aid Check One: <input type="checkbox"/> For Adult and Children <i>or</i> <input type="checkbox"/> For Children Only	\$ _____ Per month	\$ _____ Per month
Receiving Child/Spousal Support	\$ _____ Per month	\$ _____ Per month
Paying Child/Spousal Support	\$ _____ Per month	\$ _____ Per month
Unemployment Income	\$ _____ Per week	\$ _____ Per week
Disability Income	\$ _____ Per month	\$ _____ Per month
SSI/SSP Income (for family member: _____)	\$ _____ Per month	\$ _____ Per month
Other (Retirement, Survivor Benefits, Social Security, Foster Care Assistance, School “Cost of Living” Assistance, etc.): _____	\$ _____ Per month	\$ _____ Per month

7. Child Information (List all of your children who are under 18 years of age living in the home.)

Last Name	First Name	Date of Birth (xx/xx/xxxx)	Needs Child Care?	Enrolled in a Subsidy Program	Needs Weekend child care	Needs Evening child care	Foster Child?	IEP or IFSP?	Name of School
			<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	<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	<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	
			<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	

8. Verification and Agreement:

I verify that this information is true and correct. I understand that a willful statement of false information for the purpose of receiving state subsidized child care services is considered fraud and is an offense punishable by law. I certify, under penalty of perjury, that the above information is accurate. I understand that I am responsible for updating any changes to my information with the Child Care Eligibility List (CCEL), and must respond to any requests to update information in order to remain on the CCEL. I give approval for my eligibility information to be shared with other California Department of Social Services (CDSS)-funded programs for the purpose of determining eligibility to receive child care services.

Parent/Guardian Signature: _____

Date: _____