

Enclosed is the Eligibility Application for Subsidized Child Care through NCO/RCCC that you requested.

Completion of this application is NOT a guarantee for services. Your placement on the eligibility list is based on an eligibility ranking system.

Please be aware information is needed for *both* Parents/Guardians in the family.

- **If you are not married** and the other parent/guardian lives in the home, information is required on that parent/guardian in the area listed Second Parent/Guardian Information.

**The Need for Services are listed below, please be aware of the following:**

**Employment & Self Employment:**

- You must list the hours of your employment each day.
- If your employment schedule varies, days hours, and shifts per week; *attach a note explaining*, all the possible shifts you might work in a week, and what days you might work in a week.
- Pay Stubs, Time Cards, and a State Employer Verification Form from your employer, will be required when an opening is available.

**Self –Employment: In addition, the Federal Guidelines require Business Verification**

- List the days and hours of your employment each day.
- If your employment schedule varies, days and hours, and shifts per week, attach a note explaining.
- *A copy of your Monthly Business Profit and Loss statements, Monthly Customer Business Ledgers, Monthly Receipts, Business License, and Your full Income Taxes, all forms and schedules Including Schedule C, will be required.*

**Seeking Employment:**

- *You will have to register on the EDD website, Cal Jobs;* that you are seeking employment.
- This is not to receive Unemployment Benefits, but to register that you are seeking employment.
- If you do not have a computer, you can do this at their office in Ukiah, MPIC, or a computer at any Library.
- *Verification of your registration with Cal-Jobs, will be required when there is an opening*
- *Child Care for Seeking Employment has Limitations.*
- *You will document your Seeking Employment Plan and daily job search*

**Student:**

- You will need to have an Education Plan with your school, and a copy of that will be required at the time of an opening.
- There are Limitations on Child Care for Students. This will be discussed at the time of an opening.

Thank You

***NCO pledges to be a leader in developing and providing human services that strengthen our community.***

**PLEASE RETURN THIS FORM TO:**  
NCO/Rural Communities Child Care  
413 N. State St. Ukiah, CA 95482  
**707-467-3216 FAX**  
**707-467-3211**  
or email  
tsedrick@ncoinc.org

**1. FIRST PARENT/GUARDIAN INFORMATION**

Name of Parent \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
Physical Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_ Parent Date of Birth \_\_\_\_\_  
Email address \_\_\_\_\_

**What is your relationship to the children needing care?**

Mother  Father  Grandparent  Guardian  Foster Parent  Other \_\_\_\_\_

**Are you:** Employed?  Yes  No If Yes: Name of employer \_\_\_\_\_ Zip Code \_\_\_\_\_

In school/training?  Yes  No If Yes: Name of school or program \_\_\_\_\_ Zip Code \_\_\_\_\_

**List Hours of Need Each Day: Your actual paid employment hours each day or school hours**

Sun \_\_\_ to \_\_\_ / Mon \_\_\_ to \_\_\_ / Tue \_\_\_ to \_\_\_ / Wed \_\_\_ to \_\_\_ / Thur \_\_\_ to \_\_\_ / Fri \_\_\_ to \_\_\_ / Sat \_\_\_ to \_\_\_

**Characteristics:** Please  if you are:  Looking for work  Incapacitated  Homeless  Seasonal/Migrant Worker

Is this a CPS/At Risk Referral? If Yes Attach Referring Agency Information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. SECOND PARENT/GUARDIAN INFORMATION (only if this is a two parent household)**

Name of Parent: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email address: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent Date of Birth \_\_\_\_\_

**What is your relationship to the children needing care?**

Mother  Father  Grandparent  Guardian  Foster Parent  Other \_\_\_\_\_

**Are you:** Employed?  Yes  No If Yes: Name of employer \_\_\_\_\_ Zip Code \_\_\_\_\_

In school/training?  Yes  No If Yes: Name of school or program \_\_\_\_\_ Zip Code \_\_\_\_\_

**List Hours of Need Each Day: Your actual paid employment hours each day or school hours**

Sun \_\_\_ to \_\_\_ / Mon \_\_\_ to \_\_\_ / Tue \_\_\_ to \_\_\_ / Wed \_\_\_ to \_\_\_ / Thur \_\_\_ to \_\_\_ / Fri \_\_\_ to \_\_\_ / Sat \_\_\_ to \_\_\_

**Characteristics:** Please  if you are:  Looking for work  Incapacitated  Seasonal/Migrant Worker

**3. PREFERENCES**

**AREA PREFERENCE (If more than one, please indicate 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> choice)**

\_\_\_\_\_ Ukiah & Surrounding Areas \_\_\_\_\_ Willits & Surrounding Areas \_\_\_\_\_ Coast  
\_\_\_\_\_ Clearlake & Southlake \_\_\_\_\_ Lakeport & Northlake

**4. CHILD INFORMATION (for every child living in your household)**

NAME	DATE OF BIRTH	Schedule of Care Needed Please (X)							
		SERVICES NEEDED		FULL TIME	PART TIME	EVENING	OVERNIGHT	WEEKEND	HOURS NEEDED
		YES	NO						
1.									
2.									
3.									
4.									
5.									
6.									
7.									

**5. ADDITIONAL COMMENTS**

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**6. FAMILY INCOME**

Have you ever received cash aid through the Health & Human Services Agency within the past 24 months?

Yes     No

If Yes, what was the last month and year you received a check? \_\_\_\_\_ Case Number \_\_\_\_\_

Was this for the child (ren) ONLY \_\_\_\_\_ or BOTH Parent and Child (ren) \_\_\_\_\_

1 <sup>st</sup> Parent/Guardian		2 <sup>nd</sup> Parent/Guardian		<p><b>PLEASE NOTE:</b></p> <p>Completion of this application is NOT a guarantee for services. Your placement on the eligibility list is based on an eligibility rank system.</p> <p>NCO's Rural Communities Child Care does not discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, or mental or physical disability in determining which families will be served.</p> <p>Revised 05-2021</p>
Gross Employment Wages or Salary: \$ _____ x _____ x 52 ÷ 12 = <small>Rate x Hours per week</small>	\$	Gross Employment Wages or Salary \$ _____ x _____ x 52 ÷ 12 = <small>Rate x Hours per week</small>	\$	
Spousal/Child Support received	\$	Spousal/Child Support received	\$	
Spousal/Child Support paid	\$	Spousal/Child Support paid	\$	
Self-Employment	\$	Self-Employment	\$	
Unemployment	\$	Unemployment	\$	
Disability	\$	Disability	\$	
Workers Compensation	\$	Workers Compensation	\$	
Veterans	\$	Veterans	\$	
SSA/SSP	\$	SSA/SSP	\$	
Foster Income	\$	Foster Income	\$	
Cash Aid for Children only	\$	Cash Aid for Children only	\$	
CalWORKS	\$	CalWORKS	\$	
Housing Voucher or Cash	\$	Housing Voucher or Cash	\$	
Other	\$	Other	\$	
<b>TOTAL GROSS MONTHLY INCOME</b>	<b>\$</b>	<b>TOTAL GROSS MONTHLY INCOME</b>	<b>\$</b>	

**FOR OFFICE USE ONLY:**

Date Application Received \_\_\_\_\_ Rank: \_\_\_\_\_ Family ID #: \_\_\_\_\_  
 Data Entry Completed by: \_\_\_\_\_ Date: \_\_\_\_\_