



RURAL COMMUNITIES  
CHILD CARE

MENDOCINO COUNTY  
ELIGIBILITY LIST  
Application for Alternative Payment  
Childcare Services

**PLEASE RETURN THIS FORM TO:**  
NCO/Rural Communities Childcare  
111A Boatyard Drive Ft Bragg, CA 95437  
707-964-5594 FAX  
707-964-3080

**1. FIRST PARENT/GUARDIAN INFORMATION**

Name of Parent \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_  
How did you hear about our services? \_\_\_\_\_

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Parent Date of Birth \_\_\_\_\_  
Race/Ethnicity \_\_\_\_\_  
Language \_\_\_\_\_

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

Mother  Father  Grandparent  Guardian  Foster Parent

**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 \_\_\_\_\_  
Email Address \_\_\_\_\_  
Race/Ethnicity \_\_\_\_\_  
Language \_\_\_\_\_

Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Parent Date of Birth \_\_\_\_\_

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

Mother  Father  Grandparent  Guardian  Foster Parent

**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

**IMPORTANT: Please complete additional information on reverse side**

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

NAME	DATE OF BIRTH	RACE/ETHNICITY	Schedule of Care Needed Please <input checked="" type="checkbox"/>						
			CHILD CARE NEEDED		FULL TIME	PART TIME	EVENING	OVERNIGHT	WEEKEND
			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		<b>PLEASE NOTE:</b> Completion of this application is NOT a guarantee for services. Your placement on the eligibility list is based on an eligibility rank system.  Rural Communities Childcare 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.  Revised 10/2023
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>TOTAL GROSS MONTHLY INCOME</b>	\$	

**FOR OFFICE USE ONLY:**

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