NORTH COAST OPPORTUNITIES

RURAL COMMUNITIES CHILD CARE

LAKE COUNTY ELIGIBILITY LIST
Application for Alternative Payment Childcare Services

PLEASE RETURN THIS FORM TO:
NCO/Rural Communities Childcare
850 Lakeport Blvd. Lakeport, CA 95453
707-263-7513 FAX
707-263-4688

1. FIRST PARENT/GUARDIAN INFORMATION

Name of Parent_____   Home Phone_____

Mailing Address_____   Work Phone_____

Physical Address_____   Cell Phone _____

City_____ Zip Code_____   Parent Date of Birth _____

Email Address: _____   Race/Ethnicity _____

How did you hear about our services? _____   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: _____   Home Phone _____

Email Address: _____   Work Phone_____

Race/Ethnicity: _____   Parent Date of Birth _____

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   ☐Seasonal/Migrant Worker

3. PREFERENCES

AREA PREFERENCE (If more than one, please indicate 1st 2nd 3rd choice)

_____ Lakeport   _____ Lower Lake   _____Clearlake Area   _____Clearlake Oaks   _____Middletown
_____Kelseyville   _____Upper Lake   _____Nice/Lucerne   _____Cobb

IMPORTANT: Please complete additional information on reverse side

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

NAME	DATE OF BIRTH	RACE/ ETHNICITY	CHILD CARE NEEDED		Schedule of Care Needed Please ☑				
			YES	NO	FULL TIME	PART TIME	EVENING	OVERNIGHT	WEEKEND
1.									
2.									
3.									
4.									
5.									
6.									
7.									

5. ADDITIONAL COMMENTS

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) _____

1st Parent/Guardian		**2nd Parent/Guardian**		**PLEASE NOTE:**
Gross Employment Wages or Salary: $_____ x _____ x 52 ÷ 12 = *Rate* *x Hours per week*	$	Gross Employment Wages or Salary $_____ x _____ x 52 ÷ 12 = *Rate* *x Hours per week*	$	Completion of this application is NOT a guarantee for services. Your placement on the eligibility list is based on an eligibility rank system.
Spousal/Child Support received	$	Spousal/Child Support received	$	
Spousal/Child Support paid	$	Spousal/Child Support paid	$	
Self-Employment	$	Self-Employment	$	
Unemployment	$	Unemployment	$	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.
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	$	Revised 10/2023
Housing Voucher or Cash	$	Housing Voucher or Cash	$	
Other	$	Other	$	
TOTAL GROSS MONTHLY INCOME	$	**TOTAL GROSS MONTHLY INCOME**	$	

FOR OFFICE USE ONLY:

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