

Attached is the Eligibility Application for Subsidized Child Care through NCO/RCCC

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

You will be contacted after your application is received and a staff member will review your application with you to determine if you are eligible and have a need for childcare services.

Please provide information on the application for **both** Parents/Guardians living in the home.

**The Need for Services are listed below:**

- **Employment**
- **Self-Employment (at the time of an opening you will be required to provide a copy of your full Income Taxes, including Schedule C, along with Monthly Profit and Loss Logs)**
- **Seeking Employment**
- **Child Protective Services (referral required in addition to the application)**
- **Training or Education**
- **Homelessness**
- **Medical Incapacity (referral required in addition to the application)**

Once you have submitted your application you are responsible to update any contact information.

Please contact your local office for any questions.

- Ukiah, Willits, or North County: 707-467-3211
- Ft Bragg or South Coast: 707-964-3080 Ex: 101
- Lake County: 707-994-4018 ex: 600

Rev 10/21

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

Fort Bragg Office:  
707.964.3080

Lakeport Office:  
707.263.4688

Clearlake Office:  
707.994.4018

Willits Office:  
707.459.2019

**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>TOTAL GROSS MONTHLY INCOME</b>	\$	

**FOR OFFICE USE ONLY:**

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