

# COVID-19 EMERGENCY CHILD CARE

## Subsidized Child Care Eligibility Application

In Tuolumne County, return completed form to:  
Infant/Child Enrichment Services  
20993 Niagara River  
Drive Sonora, CA 95370  
533-0377 Fax: 533-4017



www.icesagency.org

In Mariposa County, return completed form to:  
Infant/Child Enrichment Services  
PO Box 1898  
Mariposa, CA 95338  
966-4474 Fax: 742-7028

*Complete and return this application for assessment of your eligibility to receive child care payment assistance.*

### **PARENT OR GUARDIAN INFORMATION (applicant)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F  
Last First MI  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ +4 \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ +4 \_\_\_\_\_  
(if different than home address)  
Home Phone \_\_\_\_\_ Cell/Msg \_\_\_\_\_ Email \_\_\_\_\_

What is your relationship to the children needing child care? (Circle one)

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

Is the second parent to at least one of the children living in the home?  Yes  No Total # in Family \_\_\_\_\_

### **SECOND PARENT INFORMATION (Complete this section ONLY if second parent currently lives in the home)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F  
Last First MI  
Cell/Msg \_\_\_\_\_ Email \_\_\_\_\_

### **NEED FOR CARE** Why do you need services? (check all that apply)

I can work remotely  yes  no

Applicant:  Receiving Child Protective Services,  Foster Bridge Program,  Domestic Violence survivor,  
 Homeless,  Essential Worker,  Child with an IEP who has disabilities or special health care needs

Second parent can work remotely  yes  no

2<sup>nd</sup> Parent:  Receiving Child Protective Services,  Foster Bridge Program,  Domestic Violence survivor,  
 Homeless,  Essential Worker,  Child with an IEP who has disabilities or special health care needs

### **APPLICANT'S EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

Work schedule (include days and the beginning and ending hours of work): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **2ND PARENT EMPLOYMENT INFORMATION**

Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

Work schedule (include days and the beginning and ending hours of work): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **OFFICE USE ONLY:**

Date of Receipt: \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

**INCOME INFORMATION**

Enter your **gross monthly** income from all sources.

Regular Income	Applicant	2nd Parent
Employment Income	\$	\$
Self-employment	\$	\$
Unemployment	\$	\$
Disability	\$	\$
Child Support Rec'd	\$	\$
Spousal Support Rec'd	\$	\$
Other	\$	\$

  

Income Adjustment	Applicant	2nd Parent
Child Support Paid	\$	\$

Other Family Income	
Cash Aid (children only)	\$
Cash Aid (family)	\$
Foster Care	\$
SSA (child)	\$
SSA (parent)	\$
SSI/SSP (child)	\$
SSI/SSP (parent)	\$

**CHILD(REN) INFORMATION (enter information for each child in the household under age 18)**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F  
Last First MI

Relationship to applicant:  Natural/Adoptive/Stepchild  Foster  Guardianship  Grandchild

Do you need child care?  Yes  No Ethnicity:  Hispanic or Latino,  Other Spoken Language: \_\_\_\_\_

Race: \_\_\_\_\_ (American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, Caucasian)

Name of Child Care Provider: \_\_\_\_\_

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F  
Last First MI

Relationship to applicant:  Natural/Adoptive/Stepchild  Foster  Guardianship  Grandchild

Do you need child care?  Yes  No Ethnicity:  Hispanic or Latino,  Other Spoken Language: \_\_\_\_\_

Race: \_\_\_\_\_ (American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, Caucasian)

Name of Child Care Provider: \_\_\_\_\_

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F  
Last First MI

Relationship to applicant:  Natural/Adoptive/Stepchild  Foster  Guardianship  Grandchild

Do you need child care?  Yes  No Ethnicity:  Hispanic or Latino,  Other Spoken Language: \_\_\_\_\_

Race: \_\_\_\_\_ (American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, Caucasian)

Name of Child Care Provider: \_\_\_\_\_

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender  M  F  
Last First MI

Relationship to applicant:  Natural/Adoptive/Stepchild  Foster  Guardianship  Grandchild

Do you need child care?  Yes  No Ethnicity:  Hispanic or Latino,  Other Spoken Language: \_\_\_\_\_

Race: \_\_\_\_\_ (American Indian, Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, Caucasian)

Name of Child Care Provider: \_\_\_\_\_

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Please read each statement carefully before signing:

- I acknowledge that this is only an application for subsidized child care and does not guarantee that I will receive services.
- I am responsible for child care costs until I am approved and enrolled in the program.
- I understand the information provided is needed to determine my eligibility for subsidized child care.
- I affirm that the information I provided is correct.
- I understand that Emergency Child Care is only valid through 6/30/2020.

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