

Dear Parent or Guardian:

This letter confirms that we have received your request to be added to **Child Care Resource Center's Eligibility List (E-List) for subsidized child care programs.**

Now that your information has been entered, it is important to keep your information current and correct so that we can contact you in the event of a vacancy in one of our subsidized programs.

**To update your information, you may call the CCRC office that is closest to you.**

- San Fernando and Santa Clarita Valleys (818) 717-1000 ext. 4478
- Antelope Valley (661) 789-1200 ext. 4479
- San Bernardino County (909) 890-0018 ext. 2092
- Victorville/Eastern San Bernardino County (760) 245-0770 ext. 3995

**The E-List is a list of families who are requesting subsidized childcare, and who meet the eligibility requirements set by the California Department of Education (CDE).**

### **1. How will I know that my children are eligible for subsidized childcare?**

The E-List application will ask for information on your need for childcare, your household income, and your family size. This information is used to determine eligibility to be registered on the E-List for subsidized childcare. ***This confirms your registration only! It does not mean you will receive services!!!***

Being on the Eligibility List does not guarantee your child will be enrolled in subsidized care.

### **2. After my family is registered on the E-List, how long before my child is enrolled in subsidized child care?**

***Unfortunately we cannot tell you in advance when a vacancy will occur or how long you may be on the E-List.*** This is because of several factors:

- ◆ Funding is limited and openings in programs occur infrequently.
- ◆ Your place on the E-List changes as family information changes and other families are added or deleted from the list. This is not a first-come, first-served eligibility list.
- ◆ Being called for services depends on where openings occur and for what type of program. For instance, your 6 year old will not be called for a pre-school opening.
- ◆ Some families have a higher priority than others. For instance, a family with a lower household income may be called before you; or a family with a child already in a subsidized program will be called first if they have a brother or sister waiting for care.

### **3. How will I know when a space for my child becomes available?**

When a space becomes available through CCRC, you will be contacted using the information you provided when you registered for the Eligibility List. Programs need to fill spaces quickly, so it is important to respond promptly. At the time you are contacted you will be asked to verify your information. An appointment to enroll your child will be set up. At the time of the appointment with the agency or center, you must bring in documents to verify your income, work situation, etc.



San Fernando Valley Headquarters  
Tel 818-717-1000  
20001 Prairie Street • Chatsworth • CA 91311  
[www.ccrcca.org](http://www.ccrcca.org)

Antelope Valley Office  
Tel 661-789-1200  
250 Grand Cypress Avenue • Palmdale • CA 93551

San Bernardino Office  
Tel 909-384-8000  
1111 East Mill Street, Suite 100 • San Bernardino • CA 92408

Victorville Office  
Tel 760-245-0770  
15456 West Sage Street • Victorville • CA 92392

**4. What if I don't want the type of childcare offered by the E-List program that contacts me?** If you are contacted to enroll in a program that does not meet your needs, you do not have to enroll. Your family record will remain on the Eligibility List so that other programs can contact you when they have openings. However, if after several contacts, you continue to refuse to enroll, you may be taken off the E-List.

**5. Can I request care from a particular program or center?**

Yes. When you register on the E-List, you can ask for a particular program (center/site) for your child. However, if your family is not in the highest priority categories, you may not be contacted first.

**6. After my family is registered on the E-List, should I call to ask about openings?**

It is not necessary. However, if your family situation changes, then immediately notify the program where you registered so they can update your E-List record. Changes would include:

- ◆ increase or decrease in income,
- ◆ change of address or phone,
- ◆ change in the number of persons in the household,
- ◆ changes in work or school activities; or
- ◆ new child needing child care or your child care needs have changed.

You can update your information over the phone or in person.

Sincerely,

Family Assessment and Orientation Unit

**Child Care Resource Center Eligibility List Intake Form**

Application Date \_\_\_\_\_

**Contact Information**

Parent or Guardian #1 Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip Code  County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Other daytime phone (\_\_\_\_) \_\_\_\_\_ Primary Language Spoken \_\_\_\_\_

Employer/  School name \_\_\_\_\_ Work/School Zip  Work/Cell (\_\_\_\_) \_\_\_\_\_

Parent or Guardian #2 Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Work/Other (\_\_\_\_) \_\_\_\_\_

Employer/  School name \_\_\_\_\_ Work/School Zip

#1 Employment/School hours (Circle all that apply): M T W TH F SAT SUN From: To:

#2 Employment/School hours (Circle all that apply): M T W TH F SAT SUN From: To:

Single Parent Family  2 Parent Family

**Need for Child Care: (please check all for each parent/guardian)**

	Working	Incapacitated/Disabled	Seeking Employment	Homeless	In School/Training	Migrant Worker
Parent/Guardian #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Income Sources** (Total dollars from all sources before taxes and deductions)  
(Please indicate the dollar amount that you receive per month for each source)

Income Source	Parent/Guardian #1	Parent/Guardian #2
Work/Employment		
Child Support		
Spousal Support		
State Disability		
Unemployment benefits		
Sales/Work Commissions		
Cash Aid		
Workmen's Compensation		
Other/Explain		

**CalWORKs (cash-aid)**

Are you currently receiving cash aid ?  
Yes  No

If **NO**, have you received cash aid within the last 2 years (24 months)?

Yes  No

If **YES**, Date of cash aid termination

\_\_\_\_/\_\_\_\_/\_\_\_\_



(818) 717 – 1000 ext 4478  
(661) 789 - 1200 ext 4479

**PLEASE LIST ALL OF YOUR CHILDREN UNDER THE AGE OF 18 LIVING AT HOME**

	First Name	Last Name	Birth date	Gender	Foster Child?	Youakim Amount	Is this child enrolled in Head Start or State Preschool?	Is this child enrolled in any other subsidized program?
1			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5			/ /	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Care needed:** *(check all that apply)*

**Child #1    Child #2    Child #3    Child #4    Child #5**

**Preferred Location  
(Zip Code other than home)**

- Full day
- Part day
- Evenings
- Overnight
- Weekends

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Needs:**

**Child #1    Child #2    Child #3    Child #4    Child #5**

- Limited English
- Child Protective Services
- Severely Handicapped
- Does child have an IEP, IFSP
- Receive services through Regional or School District Social/Emotional/Behavior
- Ongoing Health Problem
- Developmental Delays ?
- Vision/Hearing

**Do you prefer a specific center or site ?**

Yes

Name  \_\_\_\_\_

For child (ren) # \_\_\_\_\_

**For Office Use Only:**

New App.  \_\_\_\_/\_\_\_\_/\_\_\_\_

Update App.  \_\_\_\_/\_\_\_\_/\_\_\_\_

# Child Care Resource Center Eligibility List Intake Form

Application Date \_\_\_\_\_

## Contact Information

Parent or Guardian #1 Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ Zip Code  County \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Other daytime phone (\_\_\_\_) \_\_\_\_\_ Primary Language Spoken \_\_\_\_\_

Employer/  School name \_\_\_\_\_ Work/School Zip  Work/Cell (\_\_\_\_) \_\_\_\_\_

Parent or Guardian #2 Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Work/Other (\_\_\_\_) \_\_\_\_\_

Employer/  School name \_\_\_\_\_ Work/School Zip

#1 Employment/School hours (Circle all that apply): M T W TH F SAT SUN From: \_\_\_\_\_ To: \_\_\_\_\_

#2 Employment/School hours (Circle all that apply): M T W TH F SAT SUN From: \_\_\_\_\_ To: \_\_\_\_\_

Single Parent Family  2 Parent Family

## Need for Child Care: (please check all for each parent/guardian)

Working      Incapacitated/Disabled      Seeking Employment      Homeless      In School/Training      Migrant Worker

Parent/Guardian #1                                   

Parent/Guardian #2                                   

## Income Sources (Total dollars from all sources before taxes and deductions) (Please indicate the dollar amount that you receive per month for each source)

Income Source	Parent/Guardian #1	Parent/Guardian #2
Work/Employment		
Child Support		
Spousal Support		
State Disability		
Unemployment benefits		
Sales/Work Commissions		
Cash Aid		
Workmen's Compensation		
Other/Explain		

### CalWORKs (cash-aid)

Are you currently receiving cash aid ?

No  Yes - Case #: \_\_\_\_\_

If **NO**, have you received cash aid within the last 2 years (24 months)?  No  Yes

If **YES**, Date of cash aid termination

\_\_\_\_/\_\_\_\_/\_\_\_\_ Case #: \_\_\_\_\_



**Child Care  
Resource Center™**

Quality · Support · Development · Education

San Bernardino Office

1111 E. Mill St. Suite 100 San Bernardino CA 92408

Phone (909) 890-0018 ext 2092

Fax (909) 386-5071

cel@ccrcca.org

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	First Name	Last Name	Birth date	Gender	Foster Child?	Youakim Amount	Is this child enrolled in Head Start or State Preschool?	Is this child enrolled in any other subsidized program?
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**Care needed:** *(check all that apply)*

**Child #1    Child #2    Child #3    Child #4    Child #5**

**Preferred Location  
(Zip Code other than home)**

- Full day
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Child #1    Child #2    Child #3    Child #4    Child #5**

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- Child Protective Services
- Severely Handicapped
- Does child have an IEP, IFSP
- Receive services through Regional or School District Social/Emotional/Behavior
- Ongoing Health Problem
- Developmental Delays ?
- Vision/Hearing

**Do you prefer a specific center or site ?**

Yes

Name  \_\_\_\_\_

For child (ren) # \_\_\_\_\_

**For Office Use Only:**

New App.  \_\_\_/\_\_\_/\_\_\_

Update App.  \_\_\_/\_\_\_/\_\_\_

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**Employer/**  **School name** \_\_\_\_\_ **Work/School Zip**  **Work/Cell** (\_\_\_\_) \_\_\_\_\_

**Parent or Guardian #2 Name:** First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ **Work/Other** (\_\_\_\_) \_\_\_\_\_

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Victorville Office

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For child (ren) # \_\_\_\_\_

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Update App.  \_\_\_/\_\_\_/\_\_\_