



San Bernardino County Centralized Eligibility Application

(Further documentation may be solicited to determine eligibility ranking)

For further information or assistance, please call **(760)868-5817, ext. 7157**

FAMILY SIZE: _____
(Number of adults and children in the household)

FIRST PARENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Street Address _____ City _____ State _____ Zip _____
 Mailing Address _____ City _____ State _____ Zip _____
 Home Phone () _____ - _____ Work Phone () _____ - _____ Okay to Call Work? Yes No
 Message Cell/Pager () _____ - _____ I prefer to be called at: Home Work Cell Best time to call _____
 E-mail Address _____ Marital Status: Single Married
 Date of Birth _____ Gender Male Female Single Parent: Yes No
 Ethnicity: Hispanic or Latino Yes No Do you speak English? Yes No Primary Language _____
 Additional Comments: _____

Do you have health insurance for your children? Yes No If No, would you be interested in receiving information regarding health, vision and dental insurance for your children? Yes No

Income Sources	
Gross Monthly Wages received by First Parent each month.	\$
Are you currently receiving Calworks or participating in a Calworks activity?	Yes No
Have you received AFDC, TANF, or Calworks Cash Aid within the last 2 years?	Yes No
If YES to the question above, what was the last date you received aid or received one-time payment?	
Calworks Cash Aid received by First Parent each month.	\$
Child Support: total amount received by First Parent each month.	\$
Do YOU PAY Child Support each month?	___ Yes No
If YOU PAY Child Support, what is the amount you pay out each month.	\$
Spousal Support: total amount received by first parent.	\$
Unemployment received by First Parent each month.	\$
Social Security (Not SSI/SSSP) received by First Parent each month.	\$
SDI (State Disability Insurance) received by First Parent each month.	\$
Other Source of income per month. Please Specify: _____	\$

Parent Reason For Childcare
State Preschool or Head Start
Parent Incapacity due to medical or psychiatric special needs.
Working
Education or Training
Actively seeking employment
Seeking permanent housing
CPS Referral
Parent Characteristics
Teen Parent
Migrant
Student
Guardian
Foster
Grandparent

*****DO NOT COMPLETE THIS SECTION IF THERE IS ONLY ONE PARENT LIVING IN THE HOME*****

SECOND PARENT INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Street Address _____ City _____ State _____ Zip _____
 Home Phone () _____ - _____ Work Phone () _____ - _____ Okay to Call Work? Yes No
 Message Cell/Pager () _____ - _____ I prefer to be called at: Home Work Cell Best time to call _____
 E-mail Address _____ Marital Status: Single Married
 Date of Birth _____ Gender: Male Female Single Parent: Yes No
 Ethnicity: Hispanic or Latino Yes No Do you speak English? Yes No Primary Language _____
 Additional Comments: _____

Income Sources	
Gross Monthly Wages received by Second Parent each month.	\$
Are you currently receiving Calworks or participating in a Calworks activity?	Yes No
Have you received AFDC, TANF, or Calworks Cash Aid within the last 2 years? (If YES, contact your local TAD office, as you may be entitled to Subsidized Childcare through their program.)	Yes No
If YES to the question above, what was the last date you received aid or received one-time payment?	
Calworks Cash Aid received by Second Parent each month.	\$
Child Support: total amount received by Second Parent each month.	\$
Do YOU PAY Child Support each month?	Yes No
If YOU PAY Child Support, what is the amount you pay out each month.	\$
Spousal Support: total amount received by second parent.	\$
Unemployment received by Second Parent each month.	\$
Social Security (Not SSI/SSSP) received by Second Parent each month.	\$
SDI (State Disability Insurance) received by Second Parent each month.	\$
Other Source of income per month. Please Specify: _____	\$

Parent Reason For Childcare
State Preschool or Head Start
Parent Incapacity due to medical or psychiatric special needs.
Working
Education or Training
Actively seeking employment
Seeking permanent housing
CPS Referral
Parent Characteristics
Teen Parent
Migrant
Student
Guardian
Foster
Grandparent

FIRST CHILD INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Gender: Male Female Ethnicity: Hispanic or Latino Yes No

Primary Language: _____

School Child Attends: _____ Grade: _____

Race: American Indian or Native American Black or African American Caucasian
Asian Native Hawaiian or other Pacific Islander Other

CHILD CARE NOT NEEDED FOR THIS CHILD

Child's Special Needs	Note/Referral
Certified Diagnosed Disability (Head Start)	
Child Protective Services	
Exceptional Needs (IEP)	
Individual Family Service Plan (IFSP)	
Limited English Proficiency	
Severely Disabled	
Other (Please Specify)	

Child Relationship To Applicant:

Natural Child

Foster Child (Monthly Income for Child: \$ _____)

Guardian Child (Monthly Income for Child: \$ _____)

Type of Care Needed (CHECK AS MANY AS APPLY)

Full Time (6.5 hours or more per day)

Part Time (Under 6.5 hours per day)

Evening Weekend Overnight

Preferred Zip Code(s) for Child Care: _____

Preschool / Headstart Services

Will accept any and all sites/programs available

Will **ONLY** accept sites/programs requested

Site, Program or Center Requested: _____

Will **NOT** Accept:

State Preschool (3 hour Program)

Headstart (3 hour Program)

SECOND CHILD INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Gender: Male Female Ethnicity: Hispanic or Latino Yes No

Primary Language: _____

School Child Attends: _____ Grade: _____

Race: American Indian or Native American Black or African American Caucasian
Asian Native Hawaiian or other Pacific Islander Other

CHILD CARE NOT NEEDED FOR THIS CHILD

Child's Special Needs	Note/Referral
Certified Diagnosed Disability (Head Start)	
Child Protective Services	
Exceptional Needs (IEP)	
Individual Family Service Plan (IFSP)	
Limited English Proficiency	
Severely Disabled	
Other (Please Specify)	

Child Relationship To Applicant:

Natural Child

Foster Child (Monthly Income for Child: \$ _____)

Guardian Child (Monthly Income for Child: \$ _____)

Type of Care Needed (CHECK AS MANY AS APPLY)

Full Time (6.5 hours or more per day)

Part Time (Under 6.5 hours per day)

Evening Weekend Overnight

Preferred Zip Code(s) for Child Care: _____

Preschool / Headstart Services

Will accept any and all sites/programs available

Will **ONLY** accept sites/programs requested

Site, Program or Center Requested: _____

Will **NOT** Accept:

State Preschool (3 hour Program)

Headstart (3 hour Program)

THIRD CHILD INFORMATION

First Name _____ Middle Initial _____ Last Name _____
 Date of Birth _____ Gender: Male Female Ethnicity: Hispanic or Latino Yes No
 Primary Language: _____ School Child Attends: _____
 _____ Grade: _____

Race: American Indian or Native American Black or African American Caucasian
 Asian Native Hawaiian or other Pacific Islander Other

CHILD CARE NOT NEEDED FOR THIS CHILD

Child's Special Needs	Note/Referral
Certified Diagnosed Disability (Head Start)	
Child Protective Services	
Exceptional Needs (IEP)	
Individual Family Service Plan (IFSP)	
Limited English Proficiency	
Severely Disabled	
Other (Please Specify)	

Type of Care Needed (CHECK AS MANY AS APPLY)
Full Time (6.5 hours or more per day)
Part Time (Under 6.5 hours per day)
Evening Weekend Overnight
Preferred Zip Code(s) for Child Care: _____

Child Relationship To Applicant:

Natural Child

Foster Child (Monthly Income for Child: \$ _____)

Guardian Child (Monthly Income for Child: \$ _____)

Preschool / Headstart Services
Will accept any and all sites/programs available
Will ONLY accept sites/programs requested
Site, Program or Center Requested: _____

Will NOT Accept:
State Preschool (3 hour Program)
Headstart (3 hour Program)

** PLEASE ASK AGENCY FOR INSERTS IF YOU NEED TO LIST ADDITIONAL PARENT OR CHILDREN INFORMATION **

CONFIRMATION INFORMATION

I declare under penalty of perjury that the above information is complete and true to the best of my knowledge.

I understand my eligibility will be based upon information given here and that further documentation will be required for enrollment.

In order to remain active on eligibility list, I must update this application with any changes in employment, training, income, address, telephone, and family size.

This application remains valid for six (6) months. If after six (6) months, I do not update application, it will be removed.

SIGNATURE _____ DATE _____