

Application Date

WEST HILLS COLLEGE

ELIGIBILITY LIST

Eligibility Application for Subsidized Child Care Services

PARENT/GUARDIAN INFORMATION (Please Print)

Unique Family Characteristics (check all that apply:)

Teen Parent

West Hills Community College Student

Parent A

Last Name	First Name	Middle Name	Birthdate
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Relationship to Child(ren): Mother Father Guardian Foster Parent Email: _____

Home Phone (____) ____ - _____	Time to Call	Message Phone (____) ____ - _____	Cell Phone (____) ____ - _____
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Marital Status: Single Married Divorced Separated Widow(er) Common Law Domestic Partner/Living Together

Home Address

Street	City	State	Zip
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Reason for Needing Service (check all that apply - at least one reason is required)

<input type="checkbox"/> Working 1st Job	Employer	Zip Code	Phone #	Hours per Week	Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice per month
<input type="checkbox"/> Working 2nd Job	Employer	Zip Code	Phone #	Hours per Week	Paid <input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Twice per month
<input type="checkbox"/> School / Training	School/Training Institute	Zip Code	Phone #		

Other Reason(s): Looking for Work Seeking permanent housing (currently homeless) Incapacitated Part day preschool

Parent B

Last Name	First Name	Middle Name	Birthdate
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Relationship to Child(ren): Mother Father Guardian Foster Parent Email: _____

Home Phone (____) ____ - _____	Time to Call	Message Phone (____) ____ - _____	Cell Phone (____) ____ - _____
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Marital Status: Single Married Divorced Separated Widow(er) Common Law Domestic Partner/Living Together

Home Address

Street	City	State	Zip
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Reason for Needing Service (check all that apply - at least one reason is required)

<input type="checkbox"/> Working 1st Job	Employer	Zip Code	Phone #	Hours per Week	Paid Monthly <input type="checkbox"/> Twice per month
<input type="checkbox"/> Working 2nd Job	Employer	Zip Code	Phone #	Hours per Week	Paid Monthly <input type="checkbox"/> Twice per month
<input type="checkbox"/> School / Training	School/Training Institute	Zip Code	Phone #		

Other Reason(s): Looking for Work Seeking permanent housing (currently homeless) Incapacitated Part day preschool

FAMILY INFORMATION

Mailing Address (if different from residence address)			
Street _____	City _____	State _____	Zip _____

Language(s) spoken at home: _____

Cal WORKS

Is either parent receiving cash aid? Yes No Case # _____

If no, has either parent received cash aid in the last 2 years? Yes No

CURRENT SOURCES OF INCOME

(before taxes and deductions) Parent A Parent B

This section must be completed. Original Documentation (One Month of Income Needed)

*Wages per month	\$ _____	\$ _____
CalWorks cash aid per month	\$ _____	\$ _____
Child Support per month	\$ _____	\$ _____
Spousal Support per month	\$ _____	\$ _____
Unemployment per month	\$ _____	\$ _____
Disability per month	\$ _____	\$ _____
Tips/Bonuses per month	\$ _____	\$ _____
Foster Care Reimbursement	\$ _____	\$ _____
Other per month	\$ _____	\$ _____
PARENT(S) MONTHLY INCOME	<u>\$ _____</u>	<u>\$ _____</u>

TOTAL MONTHLY FAMILY INCOME \$ _____

*migrant family income should be averaged over the previous 12 month period.

*Family Size:	"Family" means the parents and the children for whom the parents are responsible; who comprise the household in which the child receiving services is living. When a child and his/her siblings are living in a family that does not include their biological parent, "family" shall be considered the child and related siblings.
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Notes (if any, use separate sheet if necessary):

SIGNATURE:

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained within this questionnaire is true, correct and complete.

I also understand that all personal information will be maintained with strict confidentiality.

Parent Signature: _____ Date: _____

CHILD INFORMATION

List all the children in the family under 18 years of age.

Child 1	Last Name	First Name	Middle Name

Birthdate	Is the child CPS/at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Biological Child <input type="checkbox"/> Yes <input type="checkbox"/> No Foster/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your child need care/preschool? <input type="checkbox"/> No <input type="checkbox"/> Yes, check child care hours needed <input type="checkbox"/> Full Time (6 or more hrs) <input type="checkbox"/> Part Time (Less than 6 hrs)
Is care needed in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> Full Time <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight <input type="checkbox"/> No, date needed: _____

Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP (see cover page of instructions)
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Does this child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes, list school name: _____
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Child 2	Last Name	First Name	Middle Name

Birthdate	Is the child CPS/at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Biological Child <input type="checkbox"/> Yes <input type="checkbox"/> No Foster/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your child need care/preschool? <input type="checkbox"/> No <input type="checkbox"/> Yes, check child care hours needed <input type="checkbox"/> Full Time (6 or more hrs) <input type="checkbox"/> Part Time (Less than 6 hrs)
Is care needed in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> Full Time <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight <input type="checkbox"/> No, date needed: _____

Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP (see cover page of instructions)
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Does this child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes, list school name: _____
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Child 3	Last Name	First Name	Middle Name

Birthdate	Is the child CPS/at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Biological Child <input type="checkbox"/> Yes <input type="checkbox"/> No Foster/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your child need care/preschool? <input type="checkbox"/> No <input type="checkbox"/> Yes, check child care hours needed <input type="checkbox"/> Full Time (6 or more hrs) <input type="checkbox"/> Part Time (Less than 6 hrs)
Is care needed in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> Full Time <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight <input type="checkbox"/> No, date needed: _____

Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP (see cover page of instructions)
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Does this child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes, list school name: _____
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Child 4	Last Name	First Name	Middle Name

Birthdate	Is the child CPS/at risk? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Biological Child <input type="checkbox"/> Yes <input type="checkbox"/> No Foster/Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No
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Does your child need care/preschool? <input type="checkbox"/> No <input type="checkbox"/> Yes, check child care hours needed <input type="checkbox"/> Full Time (6 or more hrs) <input type="checkbox"/> Part Time (Less than 6 hrs)
Is care needed in the next 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> Full Time <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight <input type="checkbox"/> No, date needed: _____

Does child have exceptional needs? <input type="checkbox"/> No <input type="checkbox"/> Yes, check type: <input type="checkbox"/> IEP <input type="checkbox"/> IFSP (see cover page of instructions)
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Does this child attend school? <input type="checkbox"/> No <input type="checkbox"/> Yes, list school name: _____
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