

- 12 months Migrant
- 1st Year Seasonal/24 months
- 2nd Year Seasonal/36 months

Date Arrived in this area: ____/____/____

Eligibility End Date: ____/____/____
1 year minus 1 day

CHILD CARE DIVISION
Migrant and Seasonal Child Care – Child Care Development Fund
 Determination of Eligibility and Enrollment Application
Aplicacion para Programa del Cuidado de Ninos

I. FAMILY INFORMATION / INFORMACION FAMILIAR

Family Name: _____ Date: _____
Apellido de Familia Fecha

SINGLE PARENT: Yes No (circle one)

Mother (First & Last Name) _____ I.D. No. --
Madre (Nombre y Apellido) DOB/FDN

Father (First & Last Name) _____ I.D. No. --
Padre (Nombre y Apellido) DOB/FDN

Current Address: _____
Direccion Number / Numero Street / Calle City / Ciudad County / Condado State / Estado Zip

Telephone/Telefono: _____ Message Number: _____

ETHNICITY: Hispanic YES _____ NO _____ **If "Yes" you must check one or more Races as seen below:**
RACES: Native American/Alaskan Native Asian Black/African American Native Hawaiian/ Pacific Islander
 Anglo

Children for whom services are requested:

Child's Name <i>Nombre de Nino/a</i>	I.D. Number	Gender:	DOB / FDN <i>MM/DD/Year/Ano</i>
1.			<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.			<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.			<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4.			<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.			<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.			<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.			<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8.			<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
9.			<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other Family Members in Household <i>Otros miembros de familia</i>	DOB / FDN	Other Family Members in Household <i>Otros miembros de familia</i>	DOB / FDN
1.		4.	
2.		5.	
3.		6.	

II. MIGRATORY HISTORY / HISTORIA MIGRATORIA:

Migratory Move within the last: 12 months, 24 months, over 24 months Have proof: Yes/Si No
Mudanza migratoria durante los ultimos: 12 meses 24 meses mas de 24 meses Tiene prueba:

Indicate each place of residence the family has lived in during the past 12 months, and the dates they began living there.
Donde vivio la familia durante los pasados 12 meses, indique las fechas y locales?

Date/Fecha: (MM/DD/YR)	Location: (City, County, State) Local: (Cuidad, condado y estado)
1.	
2.	
3.	
Documents examined for migratory move verification:	
<input type="checkbox"/> Income Tax Form 1040 or 1040A <input type="checkbox"/> W-2 Forms <input type="checkbox"/> Rent or Utility bill receipts <input type="checkbox"/> School Records <input type="checkbox"/> Immunization Records <input type="checkbox"/> Other: _____	
Intake Workers Signature and Date: _____	

III. INCOME HISTORY for the past 12 months / HISTORIA DE INGRESOS de la familia por los ultimos 12 meses

Father's Income <i>Ingresos del Padre</i>			Income <i>Ingresos</i>	Income <i>Ingresos</i>
Dates: To / From <i>Fecha: de / a</i>	Name of Employer, City & State <i>Nombre del Empleador, Cuidad y Estado</i>	Crop/Activity <i>Cultivo/Actividad</i>	Agriculture <i>Agricultural</i>	Non-Agriculture <i>No-Agricultural</i>
____/____/____ ____/____/____				
____/____/____ ____/____/____				
____/____/____ ____/____/____				
Mother's Income <i>Ingresos de la Madre</i>			Income <i>Ingresos</i>	Income <i>Ingresos</i>
Dates: To / From <i>Fecha: de / a</i>	Name of Employer, City & State <i>Nombre del Empleador, Cuidad y Estado</i>	Crop/Activity <i>Cultivo/Actividad</i>	Agriculture <i>Agricultural</i>	Non-Agriculture <i>No-Agricultural</i>
____/____/____ ____/____/____				
____/____/____ ____/____/____				
____/____/____ ____/____/____				
Income of family member or others over 16 contributing to Family's Income / <i>Otros que contriuen a los ingresos de la familia</i>				
Dates: To / From <i>Fecha: de / a</i>	Name of Employer, City & State <i>Nombre del Empleador, Cuidad y Estado</i>	Crop/Activity <i>Cultivo/Actividad</i>	Agriculture <i>Agricultural</i>	Non-Agriculture <i>No-Agricultural</i>
____/____/____ ____/____/____				
____/____/____ ____/____/____				

Total Family Income:	Agricultural	Non-Agricultural
\$ _____	\$ _____	\$ _____

Documents examined for income verification: <input type="checkbox"/> Income Tax Form 1040 or 1040A <input type="checkbox"/> W-2 Forms <input type="checkbox"/> Social Security <input type="checkbox"/> Pay Stubs or envelopes <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Letter from Employer <input type="checkbox"/> Other: _____	Agriculture:	\$ _____
	% _____	
	Non-Agriculture:	
	% _____	
	Unemployment	
	All other Income	
Intake Workers Signature and Date: _____	Total Family Income Determined for Eligibility:	\$ _____

IV. FAMILY INCOME SOURCES - Does your family receive any of the following services or financial assistance?

(Check all applicable boxes)

- Employment including self-employment
- Cash or Other Assistance under Title IV of the Social Security Act (Welfare) TANF
- Housing Voucher or Cash Assistance
- Assistance under the Food Stamp Act of 1977
- Other Federal Cash Income Programs (such as SSI, Veteran's Benefits, or Refugee Payments)

V. CO-PAYMENT AGREEMENT

Total number in family dependent on income: _____	Co-payment Amount \$ _____
\$ _____ x .80 = \$ _____	/ _____ = \$ _____
<small>Total Annual Family Income</small>	<small>Total income determined for eligibility</small>
	<small>Divided by # months</small>
	<small>Total Monthly Income</small>

I understand that state money helps pay for child care for migrant and seasonal families. This childcare may end if the money runs out. I understand that we may receive childcare assistance because our family has moved in the past 12/36 months to do agricultural work. I understand that I may use this financial assistance to choose any childcare available in the community.
Entiendo que el dinero del estado ayuda a pagar el cuidado de niños de familias migratorias y de temporadas. Este cuidado puede terminar si se agotan los fondos. Entiendo también que podemos recibir asistencia para el cuidado de niños porque nuestra familia se ha mudado durante los últimos 12/36 meses para hacer trabajo relacionado con la agricultura. Estoy de acuerdo que puedo usar esta asistencia para cualquier cuidado de niños que exista en la comunidad.

I agree to pay the childcare provider \$ _____ per month / per family.
Estoy de acuerdo en pagar a la cuidadora de niños por mes por familia

If I believe I have been treated unfairly under this child care program, I may ask the Child Care Division for a hearing.
Si yo creo que se me ha tratado injustamente en este programa de cuidado infantil, puedo pedir una audiencia a la Division de Cuidado para Niños.

Parent's signature: _____ Date: _____
Firma de uno de los padres: Fecha

PROGRAM CERTIFICATION

I have examined documents and information presented by the parent(s) and to the best of my knowledge the family is eligible for federally subsidized child care.

CCD Contract Number: _____ Contractor's Legal Business Name: _____

Signature of Authorized Program Staff: _____ Date: _____