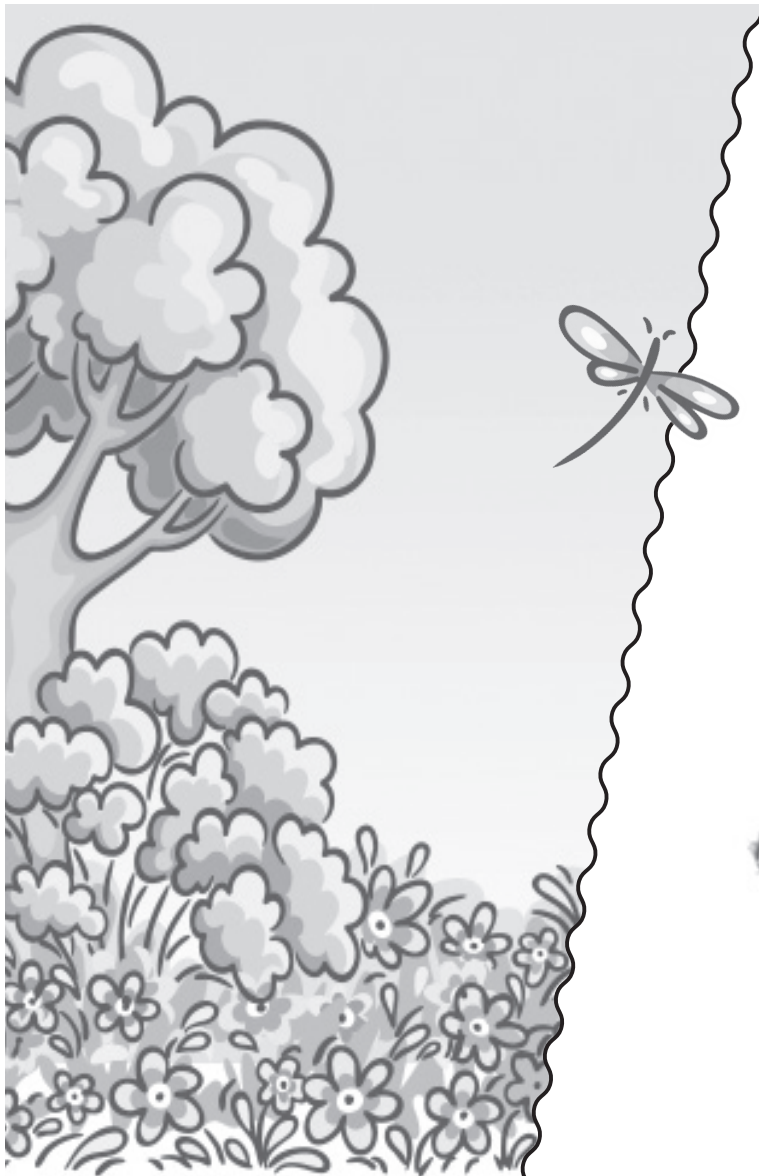


# Child Care Application



2000 K Street, Suite 110  
Bakersfield, CA 93301  
661-861-5200  
(Toll Free) 877-861-5200

*A program operated  
by the Kern County  
Superintendent  
of Schools Office  
Mary C. Barlow,  
Superintendent*



[www.kernchildcare.org](http://www.kernchildcare.org)

Community Connection for Child Care (CCCC) Alternative Payment Program is funded by the California Department of Social Services (CDSS) to assist low-income families with the expense of child care.

The California Alternative Payment Program (CAPP) requires submission of an application in order to determine need and eligibility. CAPP is a parental choice program. Parents may choose a licensed child care center, a licensed family child care provider, or a license-exempt provider like a family, friend, or neighbor. License-exempt providers must meet program requirements before approval is granted. Children 12 years of age and younger are eligible for child care services.



## Who is eligible for payment assistance?

To receive payment assistance for subsidized child care and development services, families must meet eligibility and need criteria and be able to show that they live and/or work in Kern County. Eligibility is determined by the family size and the family's total gross income. Need is established when parents are employed, seeking employment, attending an accredited educational/vocational school, job training, homelessness, or incapacitation. Incapacitation must be verified by a legally qualified professional.

Neglected or abused children who are recipients of Child Protective Services, or children who are at risk of being neglected or abused, upon written referral from a legal, medical, or social services agency are also eligible for child care and development services. For more information please call (661) 861-5200.

## CCCC Eligibility List

Once a completed application is received, families are placed on the CCCC Eligibility List and ranked according to their family size and income. Families with the lowest rank number are served first as required by the CDSS.

Families are selected from the CCCC Eligibility List as funds become available. Submitting an application does not guarantee child care services.

It is important for families on the Eligibility List to keep CCCC updated with current information. Make sure CCCC has a current phone number and mailing address where a parent/guardian can be reached or where a message can be left. To update your application please call (661) 861-5200 or (877) 861-5200.

**Please mail child care application to the following address:**

**Community Connection for Child Care  
Eligibility List  
2000 K Street, Suite 110  
Bakersfield, CA 93301**



2000 K Street, Suite 110 • Bakersfield, CA 93301 • 661-861-5200 • (Toll Free) 877-861-5200  
A program operated by the Kern County Superintendent of Schools Office, Mary C. Barlow, Superintendent

# Child Care Application

## PARENT INFORMATION (PLEASE PRINT)

### PARENT A

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate/Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Email: \_\_\_\_\_

Ethnicity:  American Indian  Asian  Black or African American  Caucasian  Hispanic or Latino  
 Native Hawaiian or Pacific Islander  Unknown / Decline to State

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of children under 18 living at home: \_\_\_\_\_

Are any of the children you are seeking care for receiving foster care services?  Yes  No

If yes, are they siblings?  Yes  No

If no, please submit a separate application for children that are not siblings.

<b>Relationship to Child(ren):</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<b>Reason child care is needed:</b> <input type="checkbox"/> Working / Self Employed <input type="checkbox"/> Education / Training <input type="checkbox"/> Actively Seeking Employment <input type="checkbox"/> Homeless <input type="checkbox"/> Incapacitation <input type="checkbox"/> CPS <input type="checkbox"/> At Risk
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### PARENT B

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate/Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Email: \_\_\_\_\_

Ethnicity:  American Indian  Asian  Black or African American  Caucasian  Hispanic or Latino  
 Native Hawaiian or Pacific Islander  Unknown / Decline to State

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of children under 18 living at home: \_\_\_\_\_

<b>Relationship to Child(ren):</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<b>Reason child care is needed:</b> <input type="checkbox"/> Working / Self Employed <input type="checkbox"/> Education / Training <input type="checkbox"/> Actively Seeking Employment <input type="checkbox"/> Homeless <input type="checkbox"/> Incapacitation <input type="checkbox"/> CPS <input type="checkbox"/> At Risk
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Has the family received cash aid within the past 24 months?  Yes  No If yes, date last received? \_\_\_\_\_

Is the family currently receiving subsidized child care services through any of the following programs?  Yes  No  
If yes, which of the following?  Foster Bridge Care  Migrant Child Care Program (CAPK)  CalWorks (Stage 1,2,3)

Cut here and return this application to the address above.



## INCOME

### PARENT A

All income sources must be included.

Work Wages (Monthly Gross)	\$
Cash Aid	\$
Child Support	\$
Spousal Support	\$
Unemployment (Monthly Gross)	\$
Disability	\$
Social Security Benefits	\$
Foster Care Income	\$
Other	\$
<b>MONTHLY TOTAL</b>	<b>\$</b>

### CHILD 1

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Ethnicity:  American Indian  Asian  Black or African American  
 Caucasian  Hispanic or Latino  Native Hawaiian or Pacific Islander  
 Unknown / Decline to State

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the child have any exceptional needs or disabilities?  Yes  No

Schedule: (Check one) Shift: (Check all that apply)  
 Full time (more than 6 hours/day)  Daytime  
 Part time (less than 6 hours/day)  Evening  
 Weekend

### CHILD 3

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Ethnicity:  American Indian  Asian  Black or African American  
 Caucasian  Hispanic or Latino  Native Hawaiian or Pacific Islander  
 Unknown / Decline to State

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the child have any exceptional needs or disabilities?  Yes  No

Schedule: (Check one) Shift: (Check all that apply)  
 Full time (more than 6 hours/day)  Daytime  
 Part time (less than 6 hours/day)  Evening  
 Weekend

**PLEASE READ AND SIGN** 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 application is true, correct and complete.

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

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

## INCOME

### PARENT B

All income sources must be included.

Work Wages (Monthly Gross)	\$
Cash Aid	\$
Child Support	\$
Spousal Support	\$
Unemployment (Monthly Gross)	\$
Disability	\$
Social Security Benefits	\$
Foster Care Income	\$
Other	\$
<b>MONTHLY TOTAL</b>	<b>\$</b>

### CHILD 2

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Ethnicity:  American Indian  Asian  Black or African American  
 Caucasian  Hispanic or Latino  Native Hawaiian or Pacific Islander  
 Unknown / Decline to State

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the child have any exceptional needs or disabilities?  Yes  No

Schedule: (Check one) Shift: (Check all that apply)  
 Full time (more than 6 hours/day)  Daytime  
 Part time (less than 6 hours/day)  Evening  
 Weekend

### CHILD 4

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  M  F

Ethnicity:  American Indian  Asian  Black or African American  
 Caucasian  Hispanic or Latino  Native Hawaiian or Pacific Islander  
 Unknown / Decline to State

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Does the child have any exceptional needs or disabilities?  Yes  No

Schedule: (Check one) Shift: (Check all that apply)  
 Full time (more than 6 hours/day)  Daytime  
 Part time (less than 6 hours/day)  Evening  
 Weekend



Cut here and return this application to the address on reverse.