



**CHILD
CARE
LINKS**

Eligibility List Application

Office Use Only
Today's Date: _____
Entered by: _____

This is an application for subsidized child care. This application does not guarantee you will receive services. You must contact Child Care Links once every three (3) months to request to remain on the Eligibility List. You must also contact us within three (3) business days with any updates or changes that occur to any information requested below. Child Care Links: 925.417.8733

Total family size – Number of adults and children related by blood, marriage or adoption living in the household:	
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Parent/Guardian #1					
First Name	Last Name	Home Phone	Work Phone	Cell Phone	
Marital Status		Relationship to Child		Preferred Spoken Language	
Parent/Guardian #2					
First Name	Last Name	Home Phone	Work Phone	Cell Phone	
Marital Status		Relationship to Child		Preferred Spoken Language	
Household Information					
Street Address		City	State CA	Zip	County Alameda
Reason (Need) for care/Eligibility			Adult #1	Adult #2	
Child Protective Services (CPS) or At-Risk			<input type="checkbox"/>	<input type="checkbox"/>	
Incapacity of Parent/Guardian			<input type="checkbox"/>	<input type="checkbox"/>	
Employment			<input type="checkbox"/>	<input type="checkbox"/>	
Vocational or college training/education			<input type="checkbox"/>	<input type="checkbox"/>	
Both employment and training/education			<input type="checkbox"/>	<input type="checkbox"/>	
Seeking Employment (Job Search)			<input type="checkbox"/>	<input type="checkbox"/>	
Homeless or seeking housing			<input type="checkbox"/>	<input type="checkbox"/>	
Currently on Cash Aid, or has been, in the last 24 months, in California, or has received a lump sum diversion payment in the last 24 months. If yes, what county? _____			<input type="checkbox"/>	<input type="checkbox"/>	
Monthly Gross Income and Sources (Before taxes and any other deductions):			Adult #1	Adult #2	
Employment Salary or wages/self-employment income (before taxes)			\$	\$	
Child and/or Spousal Support received			\$	\$	
Cash Aid/Welfare			\$	\$	
Unemployment			\$	\$	
Social Security/Disability/ Workman's Comp			\$	\$	
Other Income (please describe):			\$	\$	
Total Gross Income:			\$	\$	

Eligibility List Application for the following Alameda County cities only: Dublin, Fremont, Livermore, Newark, Pleasanton, Sunol, and Union City



The following information should be completed regarding only those children living in the home for which you have legal responsibility.

	Child #1	Child #2	Child #3	Child #4
First Name				
Last Name				
Date of Birth				
Gender (M/F)				
Does the child have Special Need?	Y / N	Y / N	Y / N	Y / N
If Yes, does child have IEP, IFSP, or 504? (circle)	IEP / 504/ IFSP	IEP / 504/ IFSP	IEP / 504/ IFSP	IEP / 504/ IFSP
Is this a Foster Child or CPS?	Y / N	Y / N	Y / N	Y / N
Is a sibling currently enrolled on the program?	Y / N	Y / N	Y / N	Y / N
What type of care will this child need? (please circle all that apply)	Full-Time Part-Time Evenings Weekend No services for this child	Full-Time Part-Time Evenings Weekend No services for this child	Full-Time Part-Time Evenings Weekend No services for this child	Full-Time Part-Time Evenings Weekend No services for this child

I understand the following:

- This information being provided is needed to determine my eligibility for a Subsidized Child Care program and will be verified prior to my enrollment.
- This is not a first come first serve program. Eligible families are ranked based on family size and adjusted income. When two (2) or more families rank equally, the family that applied first is given priority.
- I must contact Child Care Links once every three (3) months to keep my name on the list.
- I must call within three (3) business days with any updates or changes to my information.

By signing this form, I am stating that the information is true and correct to the best of my knowledge.

Print Name	Signature	Date
Please return the application by mail, fax or in person to: Child Care Links ATT: Eligibility List 6601 Owens Drive, Suite 100 Pleasanton, CA 94588		Phone: 925.417.8733 Fax : 925.730.4942

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