SHASTA COUNTY OFFICE OF EDUCATION

Early Childhood Services Tehama
715 Jackson St Suite C
Red Bluff, CA 96080
(530) 529-3131 • Fax (530) 529-6631
SCOEAP@shastacoe.org

Tehama Alternative Payment for Child Care Application

How did you hear about us: ☐ Email ☐ Child Care Provider ☐ Internet/Agency Website ☐ Advertisement/Flyer ☐ Friend/Relative ☐ On Site Referral ☐ Other:_____

Is your family: ☐ Receiving child protective services ☐ At Risk ☐ Working w/Dept. Child & Family Services

Family Circumstances: ☐ Single Parent ☐ Homeless ☐ Active Duty Military **Family Size**: _____

Reason for Child Care Needs: ☐ Seeking Employment ☐ Working ☐ Medical Incapacity ☐ School
Home Address: _____
Mailing Address: _____

Enrolling Parent: _____ **Primary Language:** _____
Gender: ☐ Male ☐ Female
Relationship to Child: ☐ Biological Parent ☐ GrandParent ☐ Foster Parent ☐ Guardian ☐Other: _____
Primary Phone: _____ **Secondary Phone**: _____ **Work Phone:** _____
Email Address:_____ **Birth Date**: _____/_____/_____

Secondary Parent: _____ **Primary Language:** _____
Gender: ☐ Male ☐ Female
Relationship to Child: ☐ Biological Parent ☐ GrandParent ☐ Foster Parent ☐ Guardian ☐Other: _____
Primary Phone: _____ **Secondary Phone**: _____ **Work Phone:** _____
Email Address:_____ **Birth Date**: _____/_____/_____

Income Guidelines

Use the chart below to determine the maximum income for your family based on Family Size.

- Ex: A family of 4 would qualify for child care if their gross monthly income is below $9,020.
- Foster families' income will be based solely on the foster children's income, and family size will be the foster child plus their biological siblings in the same household.
- **If you are over income, you may still qualify if your family receives one of the following:** MediCal, CalFresh, CalWorks, WIC, Head Start, California Food Assistance Program, Federal Food Distribution Program on Indian Reservations

Eligibility for General Childcare

Family Size	**1-2**	**3**	**4**	**5**	**6**	**7**	8+
Monthly Gross Income	$6,860	$7,785	$9,020	$10,463	$11,906	$12,177	$12,447

Need help finding additional resources? Contact Help Me Grow (530) 528-7348

Family Income:

Monthly earnings before taxes:	$_____ Enrolling Parent $_____ Secondary Parent	
Other income, including but not limited to: child support, disability, unemployment, TANF, foster care:	$_____ Source:_____ $_____ Source:_____	
Have the parents in the household received and been terminated from cash aid within the last 2 years? (Adults only, not children) ☐ Yes ☐ No **Term Date:** ___/____/____	**Is anyone counted in your family size currently receiving cash aid?** (Adults and/or children) In what county?_____ Monthly Total $_____	
Total household monthly income:	$_____	
If YOU <u>PAY</u> child support or alimony (This will be deducted from your gross income)	Subtract from above $_____	**New Total:** **$**_____
Government Benefits:	☐ WIC ☐ Medi-Cal ☐ Head Start ☐ CalFresh	

Enrolling Child: _____ **Birth Date**: _____/_____/_____
Ethnicity: ☐ Hispanic ☐ Non-Hispanic **Primary Language:** _____ **Gender**: ☐ Male ☐ Female
Race: ☐ American Indian ☐ Alaskan Native ☐ Asian ☐ African American ☐ Caucasian ☐ Pacific Islander
Exceptional Needs: ☐ Yes ☐ No

Enrolling Child: _____ **Birth Date**: _____/_____/_____
Ethnicity: ☐ Hispanic ☐ Non-Hispanic **Primary Language:** _____ **Gender**: ☐ Male ☐ Female
Race: ☐ American Indian ☐ Alaskan Native ☐ Asian ☐ African American ☐ Caucasian ☐ Pacific Islander
Exceptional Needs: ☐ Yes ☐ No

List all OTHER children in home under 18:
Name: _____ Gender: ☐ Male ☐ Female Date of Birth:___/____/____
Name: _____ Gender: ☐ Male ☐ Female Date of Birth:___/____/____
Name: _____ Gender: ☐ Male ☐ Female Date of Birth:___/____/____
Name: _____ Gender: ☐ Male ☐ Female Date of Birth:___/____/____

By signing this form, I am authorizing the Shasta County Office of Education to verify the above information. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ **Date**: _____