Stanislaus County Office of Education
Scott Kuykendall, Superintendent

Child & Family Services
Tony Jordan, Executive Director
1325 H Street • Modesto, CA 95354 • (209) 238-6300 FAX (209) 238-4217

CALIFORNIA STATE PRESCHOOL EXTENDED DAY PROGRAM
APPLICATION REQUIREMENTS CHECKLIST

To verify and determine eligibility for subsidized child care services, you must bring copies of the following documentation to your certification appointment

ELIGIBILITY VERIFICATION – Documentation must be provided for **1** or more of these categories

- ☐ CPS or At-Risk Referral Letter
- ☐ Self-Declaration of Homelessness or Referral Letter
- ☐ Current Aid Recipient Verification (Example: Notice of Action or Verification of Benefits)
- ☐ Categorical Eligibility (Example: Notice of Action, Verification of Benefits, or application for: CalWORKs, Medi-Cal, Cal Fresh, the California Food Assistance Program, the California Special Supplemental Nutrition Program for Women, Infants, and Children, the federal Food Distribution Program on Indian Reservations, Head Start or Early Head Start)
- ☐ Income Verification
  - ☐ W-2 Forms, 1040 and Tax Forms
  - ☐ Income documentation from all sources (including any income received for guardianship, foster, or adoption)
    - Predictable Income: Gross Income for the month two proceeding certification
    - Unpredictable Income: Gross Income for the preceding 12 months (Seasonal, agricultural, includes bonuses or commission provide past 12 consecutive months of income)

FAMILY SIZE VERIFICATION –At least **1** of the following documents must be provided for **ALL** children counted in the family size:

Birth Certificate
Verification of Benefits from the county welfare department
Court orders and documents regarding child custody, guardianship, foster care, or adoption

RESIDENCY VERIFICATION – Proof that you live in the State of California

- ☐ Any type of evidence of your street address or post office box from the month or two proceeding certification

OTHER DOCUMENTATION – The following documents are also required:

- ☐ Family Information Form
- ☐ Emergency Card for each enrolled child
- ☐ Parent Notification: Requirement to Report Income Over 85% or 100% of SMI (if Eligibility is Income Eligible)
- ☐ Employment/ Income Verification (Extended Day) (ONLY use if Eligibility is Income Eligible)
- ☐ Child's immunization record for each child being enrolled
- ☐ Child Information Form
- ☐ If applicable, court orders if they affect your childcare days/hours
- ☐ If applicable, child's Infant & Family Service Plan (IFSP) or Individual Education Plan (IEP)

REQUIRED AT TIME OF ENROLLMENT

If you are selected for enrollment, the following documentation must be provided:

ENROLLMENT FORMS

- ☐ Proof of Physical or Physical Appointment
- ☐ Proof of Dental Exam or Dental Appointment

NOTE: If your packet is not complete on your appointment date, we cannot accept it
IF YOU HAVE ANY QUESTIONS, PLEASE CALL YOUR FAMILY SERVICE WORKER.

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INCOME

Reminder: You must submit full, current and consecutive income for each adult/child counted in the family size. If any individual's income fluctuates due to commission, bonuses or seasonal work, you must submit the past twelve months gross income

Countable Income Sources	Non-Countable Income Sources
Countable income is income of individuals counted in the family size that shall be included when calculating the adjusted monthly income for purposes of determining income eligibility and family fees.	Non-countable income is income of individuals counted in the family size that shall be excluded when calculating the adjusted monthly income for purposes of determining income eligibility and family fees.
1. Gross wages, salary, advances, commissions, overtime, tips, bonuses, gambling, or lottery winnings 2. Wages for migrant, agricultural, or seasonal work 3. CalWORKs cash aid 4. Gross income from self-employment less business expenses with the exception of wage draws 5. Disability or unemployment compensation 6. Worker's compensation 7. Spousal support and/or child support from the former spouse or absent parent, or (documented) financial assistance for housing costs, car payments paid as part of or in addition to spousal or child support 8. Survivor (i.e. SSA) and retirement benefits 9. Rent for room within the family's residence 10. Dividends, interest on bonds, income from estates or trusts, net rental income or royalties 11. Financial assistance received for the care of a child living with an adult who is not the child's biological or adoptive parent (child support) 12. Veteran's pension 13. Pension or annuities 14. Inheritance 15. Allowances for housing or automobiles provided as part of compensation 16. Insurance or court settlements for lost wages and/or punitive damages 17. Net proceeds from the sale of real property, stocks or inherited property 18. Other enterprise for gain (Rent for room within family's residence	1. Earnings of child under eighteen (18) years 2. Loans 3. Grants or scholarships to students for educational purposes 4. Federal Supplemental Assistance Program (CalFRESH/SNAP) or Women, Infants and Children (WIC) benefits or other food assistance 5. Earned Income Tax Credit or tax refund 6. Foster grants, payments or clothing allowance for children placed through child welfare services 7. Relative Caregiver Funding Program 8. California Guaranteed Income Pilot Program 9. GI Bill entitlements, hardship or hazardous duty, hostile fire or immediate danger pay 10. Adoption assistance payments 11. Non-cash assistance or gifts 12. All income of any individual counted in the family size who is collecting federal Supplemental Security Income (SSI) or State Supplemental Program (SSP) benefits 13. Insurance or court settlements including pain and suffering and excluding lost wages and punitive damages 14. Reimbursements for work-required expenses that include uniforms, mileage, or per diem expenses for food and lodging 15. Business expenses for self-employed family members 16. When there is no cash value to the employee, the portion of medical and/or dental insurance documented as paid by the employer and included in gross pay 17. Disaster relief grants or payments, except any portion for rental assistance or unemployment 18. AmeriCorps Volunteers In Service to America (VISTA) and Federal Emergency Management Agency (FEMA) stipends, room and board, and grants

Note: *Verified child support payments paid by the parent whose child is receiving child development services may be subtracted from family's countable income*

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FAMILY INFORMATION FORM
SCOE GO CENTER BASED SITES

PLEASE PRINT CLEARLY

Single Parent/Guardian Household: ☐ Yes ☐ No - If "No" complete Parent/Guardian (B) information below

Parent/Guardian (A) Name: _____

Birth Date: _____

Gender: ☐ Female ☐ Male

Address: _____

_____

Phone #: _____

Email: _____

Race:
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander

Language: _____

Ethnicity:
☐ Not Hispanic or Latino
☐ Hispanic or Latino

Relationship to Child: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Formal Separation ☐ Informal Separation

Need for Services:
☐ No Need (Part Day CSPP)
☐ Actively Seeking Employment
Circle the days you will seek employment:
M T W TH F

☐ Employed / Self Employment
☐ School / Training
☐ Incapacitated
☐ Homeless
☐ CPS / At Risk

Parent/Guardian (B) Name: _____

Birth Date: _____

Gender: ☐ Female ☐ Male

Address: _____

_____

Phone #: _____

Email: _____

Race:
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander

Language: _____

Ethnicity:
☐ Not Hispanic or Latino
☐ Hispanic or Latino

Relationship to Child: _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Formal Separation ☐ Informal Separation

Need for Services:
☐ No Need (Part Day CSPP)
☐ Actively Seeking Employment
Circle the days you will seek employment:
M T W TH F

☐ Employed / Self Employed
☐ School / Training
☐ Incapacitated
☐ Homeless
☐ CPS / At Risk

Other individual(s) in the home that will **not** be enrolled on the program and are counted in family size:
Attach documentation.

Name:	Relationship to Parent(s)/Guardian(s):	Birth Date:

Complete one column per child enrolling.

(Make additional copies as needed)

Child Name: _____
Birth Date: _____
Birth City & State: _____
Birth Country: _____
Gender: ☐ Female ☐ Male
Race: ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander

Language: At home, does your child hear, understands, or speak a language other than English? ☐Yes ☐No

If Yes, which language: _____

Ethnicity: ☐ Not Hispanic or Latino
☐ Hispanic or Latino

Special Needs: ☐ Yes ☐ No
IFSP expiration date: _____

IEP expiration date: _____
If Yes, attach current IEP or IFSP

Relationship to Parent/ Guardian: _____

Childcare will be approved based on verified need.

Specify the days and hours you are requesting childcare with above classroom site. (Note: all travel time needs to be requested for transportation)

Days and hours requested:

_____
_____
_____

Child Name: _____
Birth Date: _____
Birth City & State: _____
Birth Country: _____
Gender: ☐ Female ☐ Male
Race: ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Caucasian
☐ Native Hawaiian or Other Pacific Islander

Language: At home, does your child hear, understands, or speak a language other than English? ☐Yes ☐No

If Yes, which language: _____

Ethnicity: ☐ Not Hispanic or Latino
☐ Hispanic or Latino

Special Needs: ☐ Yes ☐ No
IFSP expiration date: _____

IEP expiration date: _____
If Yes, attach current IEP or IFSP

Relationship to Parent/ Guardian: _____

Childcare will be approved based on verified need.

Specify the days and hours you are requesting childcare with above classroom site. (Note: all travel time needs to be requested for transportation)

Days and hours requested:

_____
_____
_____

Parent/Guardian Signature_____ **Date:**_____

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EMPLOYMENT VERIFICATION (EXTENDED-DAY)

EMPLOYEE STATEMENT OF RELEASE:

- ☐ **Stanislaus County Office of Education has permission to contact my employer** to verify my employment information. I understand all information gathered is strictly confidential.
- ☐ Contacting my employer would adversely affect my employment.
- ☐ I am unemployed.

Print Parent/Guardian Name	Parent/Guardian Signature	Date
_____	_____	_____

EMPLOYER INFORMATION:

Company Name	Telephone Number	Fax Number
_____	_____	_____

Company Street Address	City	Zip Code
_____	_____	_____

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CHILD & FAMILY SERVICES EMERGENCY CARD

Tarjeta de emergencia de servicios para niños y familias

MEDIC ALERT (Alerta médica) **Health Concern** (Preocupación de salud) ☐ Yes (Si) ☐ No
(Asthma, Allergies, Medications, Health Problems: List/Lista _____**)**

Service Options: ☐ Center Based ☐ Home Based ☐ FCCH
Location: _____
Phone: _____
Teacher: _____
Preferred Language: _____

Is there a court order regarding custody of the child? (¿Existe una orden judicial sobre la custodia del niño/a?) ☐ **Yes** (Si) ☐ **No** (No)

Child's Name (nombre de niño) _____
(Last/ Apellido) (First/ Primer Nombre) (MI) (DOB/nacimiento)

Mailing Address (Dirección de envio) _____
(Street Address/ Dirección)
_____
(City/ Cuidad) (State/ Estado) (Zip/ Código postal)

Physical Address (Dirección física) _____
(Street Address/ Dirección)
_____
(City/ Cuidad) (State/ Estado) (Zip/ Código postal)

Mother/Madre Guardian _____
(Last/ Apellido) (First/ Primer Nombre) (DOB/nacimiento)

Father/Padre Guardian _____
(Last/ Apellido) (First/ Primer Nombre) (DOB/nacimiento)

Mother(Madre)/Guardian Contact Info:
Home Phone: (Teléfono de casa) _____
Work Phone: (Teléfono del trabajo) _____
Cell Phone: (Teléfono móvil) _____

Father(Padre)/Guardian Contact Info:
Home Phone: (Teléfono de casa) _____
Work Phone: (Teléfono del trabajo) _____
Cell Phone: (Teléfono móvil) _____

Child's Doctor /Hospital to be called in case of emergency _____
(Médico/hospital al que se debe llamar en caso de emergencia)
Phone (Teléfono) _____ Address (Dirección) _____

☐ MediCal ☐ Healthy Families ☐ None ☐ Private (name) (nombre) (check one) (marca uno)

Child's Insurance #_____
(Número de seguro médico del niño/a)

Permission for Medical Treatment: As the child's parent or legal guardian, I understand that in the case of my child's medical emergency, the center will call 911 and then notify me. I consent to my child's being transported to a physician or licensed medical facility. I give permission for diagnosis, treatment, and/or care which in the best judgement of the physician or dentist, may be required. This permission is valid for this school year as long as the child remains in the Head Start/State program.

Consentimiento para Tratamiento Médico: *Como el padre/la madre o tutor legal del niño/a, entiendo que en caso de una emergencia médica, el personal del centro primero llamará al 911 y despues me notificara. Doy consentimiento que se transporte mi niño/a a un consultorio médico para diagnosis, tratamiento, y/o cuidado cual sea necesario según el juicio del médico o odontólogo. Éste consentimiento será válido durante el año escolar en curso o mientras el niño/a continúe en el Programa Head Start/State.*

Signature/*Firma*_____ Date/*Fecha*_____
(Parent or Guardian) *(Padre o Tutor)*

Signature/*Firma*_____ Date/*Fecha*_____
(Parent or Guardian) *(Padre o Tutor)*

File Original Copy in the Emergency Binder

Mandatory
Revised 12/22
CF/ERSEA-20

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CHILD & FAMILY SERVICES EMERGENCY CARD

Tarjeta de emergencia de servicios para niños y familias

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Emergency Contacts: If parents are not available, the following persons are authorized to drop children off and take child(ren) from the facility, or be called in case of emergency. The child(ren) will **NOT** be able to leave with **ANY OTHER PERSON** without written authorization from the parent/guardian.

Contactos de emergencia: Si los padres no están disponibles, las siguientes personas están autorizadas a dejar a los niños y sacarlos de la instalación, o ser llamados en caso de emergencia. Los niños **NO** podrán irse con **NINGUNA OTRA PERSONA** sin la autorización por escrito del padre/guardián.

	Name / Nombre	Relationship /Relación	Phone / Teléfono	Signature / Firma
1.				
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