



**APPLICATION FOR PLACEMENT ON THE YOLO
CENTRALIZED ELIGIBILITY LIST FOR SUBSIDIZED CHILD CARE**

Date: _____

CHILD CARE SERVICES OFFICE USE ONLY	
Date	_____
Family ID	_____
Rank	_____
Income \$	_____
Size	_____
Need	_____

FAMILY INFORMATION: Single parent Two-parent Family Grandparent Foster parent

Parent/Guardian A: _____

Birth date: _____ / _____ / _____

Address: _____

City: _____ Zip: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Other Phone: (_____) _____

Parent/Guardian B: _____

Birth date: _____ / _____ / _____

Address: **Same as Parent / Guardian A**

City: _____ Zip: _____

Home Phone: (_____) _____

Work Phone: (_____) _____

Other Phone: (_____) _____

- Are you *currently* on CALWORKS? Yes No **If yes, is it ONLY for the children?** Yes No
- Have you received Cash Aid (TANF) within the last 2 years? Yes No **If yes, was it ONLY for the children?** Yes No
- How did you hear about the YCEL? Newspaper Flyer Child Care Center Other _____

CHILDREN'S INFORMATION: List all children living at home under the age of 18 even if they DO NOT need child care or pre-school.

NAMES OF ALL CHILDREN IN HOUSEHOLD under the age of 18	BIRTH DATE (month/day/year)	Are you applying for this child?	HOURS NEEDED PER DAY	SCHOOL ATTENDING (if child is school-age)	IS THIS A FOSTER CHILD?	DOES YOUR CHILD HAVE AN IEP / IFSP?
		Y / N			Y / N	Y / N
		Y / N			Y / N	Y / N
		Y / N			Y / N	Y / N
		Y / N			Y / N	Y / N
		Y / N			Y / N	Y / N

- I will be using child care in: Davis Woodland West Sacramento Winters Other _____
- What kind of child care do you need: Full Time Part Time Half day pre-school (for 3 & 4 year olds)
- If you have a preferred Center, please indicate it here: _____
- Would you like information about low-cost health care coverage? Yes No

◆ PLEASE COMPLETE BOTH SIDES OF THE APPLICATION ◆

