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|  **STATE PROGRAM FAMILY ELIGIBILITY CHECKLIST**  |

**Parent A Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Parent [ ]  Guardian

**Parent B Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Parent [ ]  Guardian

**Certification Period:**  **through**

 [ ]  **Predictable Schedule:** Set or variable schedule with a pattern

[ ]  **Unpredictable Schedule:** Unpredictable and/or unable to verify days/hours of employment.

 Planned Updates: \_\_\_\_\_\_\_­­\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

(4 month) (8 month)

**Documentation:**

[ ]  Family Information Form

[ ]  Family Size Verification

* Birth Certificate
* Passport for Services from the county welfare department
* Adoption documents
* Records of Foster Care placement
* Court orders regarding child custody or guardianship

 [ ]  Proof of Residency in California

**Eligibility:**

[ ]  Notice of Action Form– (most current on top/support documentation attached)

[ ]  CD 9600

[ ]  CD9600A- Child Care Data Collection Privacy Notice & Consent Form

[ ]  Declaration of Parent Fee Responsibility (if applicable)

[ ]  Income Worksheet

[ ]  Income Verification Attached (check stub or letter from employer)

**Need:**

[ ]  Employment Verification(s) (wage stubs generally sufficient; may need a letter from

 employer with days and hours worked)

[ ]  Training Verification(s)

* Class Schedule(s)
* Grade Report(s)

[ ]  Request to Actively Seek Employment

[ ]  Statement of Incapacity

[ ]  CPS Referral Letter

[ ]  At Risk Referral Letter

[ ]  Self-Declaration of Homelessness

**Support:**

[ ]  Parent/Guardian Authorization and Receipt

[ ]  Family Needs Request and Referral

Revised 2/22/17

State/CL-2

**RIGHT SIDE OF FILE**