

Beginnings Child Care Eligibility Application

The information you provide on this application will be used by Beginnings Inc. to determine eligibility for services. Before you start, please have all the information about yourself, your spouse and your children handy.

1. Applicant Information
2. Need For Care (School/Employment)
3. Income Information
4. Child(ren) Information

Income Eligibility Analysis

In order to qualify for child care subsidy programs, your household's gross monthly income must not exceed 70% of the state median income for your household size. Please provide this information below so we can calculate your eligibility.

HOUSEHOLD GROSS MONTHLY INCOME

Your gross monthly income includes any money received from employment, child support, welfare, social security, etc.

Enter your household income without a comma (e.g., "1000"): _____

NUMBER OF PEOPLE IN HOUSEHOLD

Include yourself, everyone living with you, who is related by blood, marriage or adoption, including your children.

Enter the total number of people in your household: _____

BEGINNINGS ELIGIBILITY LIST AGREEMENT

You must agree to the following terms or we cannot process your application.

Please read and understand the terms below, and check the YES box before proceeding to the next page....

1. I understand that I am placing my name on a list to apply for no or low cost child care services at Beginnings Inc.
2. I understand that receiving services depends on availability of funds.
3. I understand that this is only an application for subsidized child care. This application does not guarantee services
4. I understand that the information that I provide will be verified for accuracy before enrollment into a subsidized child care program.
5. I understand that once I have applied, I can update my application if any of my information changes (such as income, addresses and/or phone numbers, etc.).

I have read the terms above and agree:

YES: **Signature of Primary Applicant:** _____

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PARENT 1 (Primary Applicant)

APPLICANT INFORMATION (PARENT 1)

Last Name: _____ First Name: _____ Gender: Male Female
Date of Birth (mm/dd/yyyy): _____

CONTACT INFORMATION (PARENT 1)

Home Phone (If applicable) : _____ Work Phone (if applicable) : _____
Cell Phone or Other Phone (If applicable): _____
Best Time To Call You? : _____ Email Address: _____

HOME ADDRESS (PARENT 1)

Street Address or P.O. Box: _____ City: _____
State: _____ Zip Code: _____

MAILING ADDRESS (PARENT 1) (Leave blank if same as home address):

Street Address or P.O. Box: _____ City: _____
State: _____ Zip Code: _____

PARENT 2 (if applicable)

PARENT 2 INFORMATION

Last Name: _____ First Name: _____ Gender: Male Female
Date of Birth (mm/dd/yyyy): _____

PARENT 2 CONTACT INFORMATION

Home Phone (If applicable) : _____ Work Phone (if applicable) : _____
Cell Phone or Other Phone (If applicable): _____
Best Time To Call You? : _____ Email Address: _____

PARENT 2 HOME ADDRESS (if different than Parent 1) (PARENT 2)

Street Address or P.O. Box: _____ City: _____
State: _____ Zip Code: _____

PARENT 2 MAILING ADDRESS (Leave blank if same as home address):

Street Address or P.O. Box: _____ City: _____
State: _____ Zip Code: _____

Tell us about your need for child care:

Is the family homeless? Yes No

Were you referred by Child Protective Services (CPS)? Yes No

1st Parent (Primary Applicant) - Check any or all that apply:

Working School / Training Seeking Employment Medical Incapacitation
Seeking Permanent Housing CPS

2nd Parent (Primary Applicant) - Check any or all that apply:

Working School / Training Seeking Employment Medical Incapacitation
Seeking Permanent Housing CPS

EMPLOYMENT INFORMATION

Note: If Beginnings calls you for enrollment, you will need to supply documentation of the following:

- Employer Name
- Employer Address
- Work schedule

1st PARENT (Primary Applicant) EMPLOYER INFORMATION: (If currently unemployed, please note.)

Employer Name: _____

Employer Street Address: _____ Employer City: _____

State: _____ Employer Zip Code: _____ Employer Phone: _____ Extension: _____

Enter your hourly rate **OR** gross income (i.e. your monthly salary earned from this employer, including tips and/or commissions BEFORE any taxes or deductions), AND hours worked.

Hourly Pay Rate: _____

OR Gross Monthly Income: _____

Estimated # of Work Hours Per Week: _____

2nd PARENT EMPLOYER INFORMATION: (If currently unemployed, please note.)

Employer Name: _____

Employer Street Address: _____ Employer City: _____

State: _____ Employer Zip Code: _____ Employer Phone: _____ Extension: _____

Enter your hourly rate **OR** gross income (i.e. your monthly salary earned from this employer, including tips and/or commissions BEFORE any taxes or deductions), AND hours worked.

Hourly Pay Rate: _____

OR Gross Monthly Income: _____

Estimated # of Work Hours Per Week: _____

INCOME ELIGIBILITY - Tell us about your family's ADDITIONAL income.

Enter income from all sources OTHER THAN WAGES FROM EMPLOYMENT.

Note: All income will be verified prior to enrollment in any child care program. If we call you for enrollment, you will need to supply documentation of the following:

- Wage stubs
- Child support
- Disability
- Public assistance
- Self-employment income
- Social Security
- Spousal Support
- Unemployment
- Worker's Compensation
- Verification of income from any other sources

1st PARENT - ADDITIONAL MONTHLY INCOME:

(i.e. other than wages from employment - fill in all that apply in rounded dollars, i.e. "1000")

Disability: _____ Self Employment: _____ Spousal Support Received: _____ SSA (parent) : _____
SSI / SSP (parent) : _____ Unemployment: _____ Other Parent 1 Income: _____

2nd PARENT - ADDITIONAL MONTHLY INCOME:

(i.e. other than wages from employment - fill in all that apply in rounded dollars, i.e. "1000")

Disability: _____ Self Employment: _____ Spousal Support Received: _____ SSA (parent) : _____
SSI / SSP (parent) : _____ Unemployment: _____ Other Parent 2 Income: _____

OTHER FAMILY MONTHLY INCOME:

(fill in all that apply in rounded dollars, i.e. "1000"):

Cash Aid (children only): _____ Cash Aid (family) : _____ Child Support Received: _____
Foster Care: _____ SSA (child) : _____ SSI / SSP (child): _____ Other Family Income: _____
Income Adjustments (monthly amount): _____ Child Support Paid Out: _____

CHILD(REN) INFORMATION

1st CHILD INFORMATION:

Last Name: _____ First Name: _____ Gender: Male Female
Date of Birth (mm/dd/yyyy): _____
Special Needs? Please Describe: _____
Sevices Needed (check all that apply) Full-Time: Part-Time: Before / After School:

2nd CHILD INFORMATION:

Last Name: _____ First Name: _____ Gender: Male Female
Date of Birth (mm/dd/yyyy): _____
Special Needs? Please Describe: _____
Sevices Needed (check all that apply) Full-Time: Part-Time: Before / After School:

3rd CHILD INFORMATION:

Last Name: _____ First Name: _____ Gender: Male Female
Date of Birth (mm/dd/yyyy): _____
Special Needs? Please Describe: _____
Sevices Needed (check all that apply) Full-Time: Part-Time: Before / After School:

4th CHILD INFORMATION:

Last Name: _____ First Name: _____ Gender: Male Female
Date of Birth (mm/dd/yyyy): _____
Special Needs? Please Describe: _____
Sevices Needed (check all that apply) Full-Time: Part-Time: Before / After School:

More Children than 4? Please list names and birthdates:

Additional Comments or Notes:

By signing this form you confirm that the information you have supplied above is accurate & up to date:

Parent 1 Signature: _____ **Date:** _____

Parent 2 Signature (if applicable): _____ **Date:** _____

Please mail your completed form to:
Beginnings Inc. , Post Box 1090, Redway, California 95560