

# Confidential Application for Child Development Services and Certification of Eligibility

Form CD 9600, Page 1, (REV 10/16)

Agency Name: _____
Family Identification/Case No.: _____
Initial Subsidized Service Date: _____ <input type="checkbox"/> _____ <input type="checkbox"/>
Type of Application: (Check one) <input type="checkbox"/> Initial <input type="checkbox"/> Recertification

**Note:** State regulations require a formal application and certification for child development services. You will receive written notice of your eligibility no later than 30 days from the date of your signature on this form. Eligibility is determined on the basis of need for child development services and either CalWORKs status or adjusted gross monthly income in relation to family size. This form must be completed by an agency representative in consultation with the family. Refer to the instructions for the completion of this form.

Section I. Family Identification. If you are a single parent/caretaker, check this box: <input type="checkbox"/> See Instructions, Section I.				
Name of parent/caretaker (full name, including middle initial) A	Social Security Number - parent A* (See instructions.)	Gender	Phone no. (home)	Phone no. (work/school)
Name of parent/caretaker (full name, including middle initial) B		Gender	Phone no. (home)	Phone no. (work/school)
Street address	City	State	Zip	FIPS code

## Section II. Family Eligibility and Reason for Needing Service

A. Family Eligibility Status (Check as many as apply.)	
<input type="checkbox"/> Protective Services	<input type="checkbox"/> Current Aid Recipient
<input type="checkbox"/> Income Eligible	<input type="checkbox"/> Homeless
<input type="checkbox"/> Programs for the severely handicapped	

B. Reason for Needing Service. Indicate all the reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/caretaker listed above. Attach documentation. (This section does not apply to part-day state preschool programs or programs for severely handicapped.)

Parent/ Caretaker	Reason for Needing Service	Parent/ Caretaker	Reason for Needing Service	Parent/ Caretaker	Stages 1, 2, and 3 CalWORKs recipients only
	Child referred for protective services because of neglect, abuse, exploitation, or risk thereof		Education or training		CalWORKs activities Date parent became ineligible for aid:
	Parent/caretaker incapacitated because of medical or psychiatric special needs		Actively seeking employment		Diversion Date: _____
	Working		Seeking permanent housing		Record date of entry into each stage: Stage 1 _____ Stage 2 _____ Stage 3 _____

C. Employment/Training Information. Must be completed for each adult listed in Section I above to document need on the basis of employment or training. (Attach documentation.)

Parent/ Caretaker	Employer/School	Street Address	City	Zip				
A								
A								
Days and working/ training hours:	From: To:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Parent/ Caretaker	Employer/School	Street Address	City	Zip				
B								
B								
Days and working/ training hours:	From: To:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

## Section III. Family Adjusted Gross Monthly Income and Size

A. Family monthly income. The family's adjusted monthly income from all sources (Attach verification and documentation.): \$ \_\_\_\_\_  
 B. Family income sources (Check all that apply. Do not count the gray shaded areas in Section III. A above.) **Black shaded boxes for CalWORKs recipients only.**  
 C. Family size (See "Funding Terms and Conditions" for instructions on calculating family size.): \_\_\_\_\_

<input type="checkbox"/> Employment, including self-employment	<input type="checkbox"/> Other federal cash income programs (such as SSI)
<input type="checkbox"/> Child support	<input type="checkbox"/> Housing voucher or cash assistance
<input type="checkbox"/> Cash or other assistance under Title IV of the Social Security Act (TANF)	<input type="checkbox"/> Assistance under the Food Stamps Act of 1977
<input type="checkbox"/> State-only alien and two-parent programs for CalWORKs recipients	<input type="checkbox"/> Other

Section III B is for federal data collection purposes only and does not need to be completed before the provision of child care services.

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## Section IV. Data on Children. List all children residing in the home and counted in the family size.

Complete for all children residing in the home			Complete only for children served by your agency				For children enrolled in more than one program or site, use additional lines as needed														
(1) Full Name of Child Including Middle Initial	(2) Gender		(3) Birth Date MM/DD/YYYY	(4) Adjustment Factor Code	(5) Ethnicity	(6) Race	(7) Native Language		(8) Program Code	(9) Type of Care Code	(10) Hours of Care per Day										
	M	F					Lang- uage Code	Is child limited English proficient?			M	T	W	TH	F	SAT	SUN				
											S										
											Provider/site name:	V									
											S										
											Provider/site name:	V									
											S										
											Provider/site name:	V									
											S										
											Provider/site name:	V									
											S										
											Provider/site name:	V									

## Section V. Certification and Signature of Parent/Caretaker.

<ol style="list-style-type: none"> <li>I understand that I am self-certifying single parent status under penalty of perjury in Section 1 of this document when the single parent/caretaker box has been checked. Parent Initials: _____</li> <li>I will notify the agency within 5 calendar days if there is any change in my family income, family size, or reason for needing child development services.</li> <li>I understand that the information about my eligibility may be reviewed by representatives of the state of California, the federal government, independent auditors, or others as necessary for the administration of the program.</li> <li>I understand that if the agency denies this application for services, I have the right to appeal.</li> </ol>	<ol style="list-style-type: none"> <li>I understand that I must renew my eligibility at least once a year or 3 months for at-risk. I further understand that if I do not renew my eligibility, I will no longer be eligible for subsidized child care services for my child.</li> <li>I understand that I will receive a notice of approval or disapproval of my application within 30 days from the date I sign this form.</li> <li>I understand that this certification is not complete until all documentation is submitted and this form has been reviewed, signed, and dated by an agency representative and signed and dated by me.</li> <li>I certify that my family assets do not exceed \$1,000,000; Child Care and Development Block Grant Act Section 658 p (4)(B).</li> </ol>
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I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature _____ Date _____	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe _____
Signature _____ Date _____	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe _____

## Section VI. Family Fee (Refer to fee schedule.).

Type of Fee	Flat Monthly Fee Rate (See the instructions for Section VI.)	
<input type="checkbox"/> Full-time	Flat Monthly Rate: \$ _____	Specifics:
<input type="checkbox"/> Part-time	Flat Monthly Rate: \$ _____	Specifics:

## Section VII. For Office Use Only. (Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative.)

Eligibility Status <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Notice of Action Sent (Attach copy)	Date Notice of Action Given (Attach copy)	First date of subsidized service	Last date of enrollment
Signature of Authorized Agency Representative		Title	Telephone number	Date
Signature of Supervisor (Optional)		Title	Telephone number	Date