Dear Parent or Guardian:

This letter confirms that we have received your request to be added to Child Care Resource Center’s Eligibility List (E-List) for subsidized child care programs.

Now that your information has been entered, it is important to keep your information current and correct so that we can contact you in the event of a vacancy in one of our subsidized programs.

To update your information, you may call the CCRC office that is closest to you.
- San Fernando and Santa Clarita Valleys (818) 717-1000 ext. 4478
- Antelope Valley (661) 789-1200 ext. 4479
- San Bernardino County (909) 890-0018 ext. 2092
- Victorville/Eastern San Bernardino County (760) 245-0770 ext. 3995

The E-List is a list of families who are requesting subsidized childcare, and who meet the eligibility requirements set by the California Department of Education (CDE).

1. How will I know that my children are eligible for subsidized childcare?
The E-List application will ask for information on your need for childcare, your household income, and your family size. This information is used to determine eligibility to be registered on the E-List for subsidized childcare. This confirms your registration only! It does not mean you will receive services!!!

Being on the Eligibility List does not guarantee your child will be enrolled in subsidized care.

2. After my family is registered on the E-List, how long before my child is enrolled in subsidized child care?

Unfortunately we cannot tell you in advance when a vacancy will occur or how long you may be on the E-List. This is because of several factors:
♦ Funding is limited and openings in programs occur infrequently.
♦ Your place on the E-List changes as family information changes and other families are added or deleted from the list. This is not a first-come, first-served eligibility list.
♦ Being called for services depends on where openings occur and for what type of program. For instance, your 6 year old will not be called for a pre-school opening.
♦ Some families have a higher priority than others. For instance, a family with a lower household income may be called before you; or a family with a child already in a subsidized program will be called first if they have a brother or sister waiting for care.

3. How will I know when a space for my child becomes available?
When a space becomes available through CCRC, you will be contacted using the information you provided when you registered for the Eligibility List. Programs need to fill spaces quickly, so it is important to respond promptly. At the time you are contacted you will be asked to verify your information. An appointment to enroll your child will be set up. At the time of the appointment with the agency or center, you must bring in documents to verify your income, work situation, etc.
4. What if I don’t want the type of childcare offered by the E-List program that contacts me? If you are contacted to enroll in a program that does not meet your needs, you do not have to enroll. Your family record will remain on the Eligibility List so that other programs can contact you when they have openings. However, if after several contacts, you continue to refuse to enroll, you may be taken off the E-List.

5. Can I request care from a particular program or center?
Yes. When you register on the E-List, you can ask for a particular program (center/site) for your child. However, if your family is not in the highest priority categories, you may not be contacted first.

6. After my family is registered on the E-List, should I call to ask about openings?
It is not necessary. However, if your family situation changes, then immediately notify the program where you registered so they can update your E-List record. Changes would include:
   ♦ increase or decrease in income,
   ♦ change of address or phone,
   ♦ change in the number of persons in the household,
   ♦ changes in work or school activities; or
   ♦ new child needing child care or your child care needs have changed.

You can update your information over the phone or in person.

Sincerely,

Family Assessment and Orientation Unit
Child Care Resource Center Eligibility List Intake Form

Contact Information
Parent or Guardian #1 Name: First __________ Middle Initial ___ Last ______________ D.O.B. ___/___/______

Address ___________________________ Apt. # ______ City __________________ Zip Code ________ County ________

Home Phone (___) ___________ Other daytime phone (___) ___________________ Primary Language Spoken __________

☐ Employer/ ☐ School name ___________________________ Work/School Zip ______ Work/Cell (___) ____________________

Parent or Guardian #2 Name: First __________ Middle Initial ___ Last ______________ D.O.B ___/___/______ Work/Other (___) ____________________

☐ Employer/ ☐ School name ___________________________ Work/School Zip ______

#1 Employment/School hours (Circle all that apply): M T W TH F SAT SUN From: _______ To: _______

#2 Employment/School hours (Circle all that apply): M T W TH F SAT SUN From: _______ To: _______

Single Parent Family ☐ 2 Parent Family ☐

Need for Child Care: (please check all for each parent/guardian)

Working ☐ Incapacitated/Disabled ☐ Seeking Employment ☐ Homeless ☐ In School/Training ☐ Migrant Worker ☐

Parent/Guardian #1 ☐ ☐ ☐ ☐ ☐ ☐ ☐
Parent/Guardian #2 ☐ ☐ ☐ ☐ ☐ ☐ ☐

Income Sources  (Total dollars from all sources before taxes and deductions) 
(Please indicate the dollar amount that you receive per month for each source)

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CalWORKs (cash-aid)

Are you currently receiving cash aid? 
Yes ☐ No ☐

If NO, have you received cash aid within the last 2 years (24 months)?
Yes ☐ No ☐

If YES, Date of cash aid termination

___/___/____

Child Care Resource Center™
Quality • Support • Development • Education
(818) 717 – 1000 ext 4478
(661) 789 - 1200 ext 4479

Rev 11/15
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**Care needed:** (check all that apply)

- Full day
- Part day
- Evenings
- Overnight
- Weekends

**Special Needs:**

- Limited English
- Child Protective Services
- Severely Handicapped
- Does child have an IEP, IFSP
- Receive services through Regional or School District Social/Emotional/Behavior
- Ongoing Health Problem
- Developmental Delays?
- Vision/Hearing

---

**Preferred Location**

(Insert Zip Code other than home)

---

Do you prefer a specific center or site?

Yes

Name ____________________________

For child (ren) # _____________

---

For Office Use Only:

New App. □ __/_/___

Update App. □ __/_/___
Child Care Resource Center Eligibility List Intake Form

Application Date ____________

Contact Information
Parent or Guardian #1 Name: First _______________ Middle Initial ___ Last _______________ D.O.B. ___/___/____

Address _______________________________________ Apt. # ______ City ____________________ Zip Code ____________ County_______

Home Phone (__) __________ Other daytime phone (__) __________ Primary Language Spoken ____________________________

☐ Employer/☐ School name __________________________________________ Work/School Zip ________ Work/Cell (_____)__________________

Parent or Guardian #2 Name: First _______________ Middle Initial ___ Last _______________ D.O.B. ___/___/____ Work/Other (____)__________________

☐ Employer/☐ School name __________________________________________ Work/School Zip ________

#1 Employment/School hours (Circle all that apply): M T W TH F SAT SUN From: ______ To: ______

#2 Employment/School hours (Circle all that apply): M T W TH F SAT SUN From: ______ To: ______

Need for Child Care: (please check all for each parent/guardian)

Working ☐ Incapacitated/Disabled ☐ Seeking Employment ☐ Homeless ☐ In School/Training ☐ Migrant Worker ☐

Parent/Guardian #1 ☐ ☐ ☐ ☐ ☐ ☐ ☐

Parent/Guardian #2 ☐ ☐ ☐ ☐ ☐ ☐ ☐

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CalWORKs (cash-aid)

Are you currently receiving cash aid? ☐ No ☐ Yes - Case #: ____________________________

If NO, have you received cash aid within the last 2 years (24 months)? ☐ No ☐ Yes

If YES, Date of cash aid termination ______ / _____ / _____ Case #: ____________________________

Child Care Resource Center
San Bernardino Office
1111 E. Mill St. Suite 100 San Bernardino CA 92408
Phone (909) 890-0018 ext 2092
Fax (909) 386-5071
cel@ccrcca.org

Rev 11/15
Please list all of your children under the age of 18 living at home

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Care needed: (check all that apply)

- Full day
- Part day
- Evenings
- Overnight
- Weekends

Special Needs:

- Limited English
- Child Protective Services
- Severely Handicapped
- Does child have an IEP, IFSP
- Receive services through Regional or School District
- Social/Emotional/Behavior
- Ongoing Health Problem
- Developmental Delays?
- Vision/Hearing

Do you prefer a specific center or site?

- Yes

Name ___________________________

For child (ren) # ____________

For Office Use Only:

New App. ☐ ______/____/____

Update App. ☐ ______/____/____
Child Care Resource Center Eligibility List Intake Form

Contact Information
Parent or Guardian #1 Name: First ___________________ Middle Initial ___ Last ___________________ D.O.B. __/__/___

Contact Information
Parent or Guardian #2 Name: First ___________________ Middle Initial ___ Last ___________________ D.O.B. __/__/___ Work/Other (___) ____________________

Home Phone (___) _____________ Other daytime phone (___) _____________ Primary Language Spoken ___________________

Employer/ School name _______________________________ Work/School Zip ______ Work/Cell (___) ____________________

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Need for Child Care: (please check all for each parent/guardian)

- Single Parent Family
- 2 Parent Family

Working Incapacitated/Disabled Seeking Employment Homeless In School/Training Migrant Worker
Parent/Guardian #1

Parent/Guardian #2

Income Sources (Total dollars from all sources before taxes and deductions)
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CalWORKs (cash-aid)

Are you currently receiving cash aid?
- No
- Yes - Case #: ___________________

If NO, have you received cash aid within the last 2 years (24 months)?
- No
- Yes

If YES, Date of cash aid termination
_____/_____/_____ Case #: ___________________

Child Care Resource Center
Victorville Office
15456 W. Sage St. Victorville CA 92392
Phone (760) 245-0770 ext 3995
Fax (760) 245-1072
cel@ccrcca.org

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**Care needed:** (check all that apply)

- Full day □
- Part day □
- Evenings □
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**Special Needs:**

- Limited English □
- Child Protective Services □
- Severely Handicapped □
- Does child have an IEP, IFSP □
- Receive services through Regional or School District □
- Social/Emotional/Behavior □
- Ongoing Health Problem □
- Developmental Delays □
- Vision/Hearing □

**Preferred Location**

(Street Address or Zip Code other than home)

---

Do you prefer a specific center or site?

Yes

Name □

For child (ren) # __________

---

For Office Use Only:

New App. □ __/_/____

Update App. □ __/_/____