



family
resource
center

**Family Resource Center
Child Care & Preschool Eligibility List (CEL)
APPLICATION**

IMPORTANT: If you have received county cash assistance (TANF) in the past 24 months, please contact (209) 461-2708. You may be eligible to start child care services without delay and will be not required to complete this application/wait on the eligibility list.

You can complete this application by hand or on-line. If completing by hand, be sure all your information is accurate and submit to FRC at the address listed at the top of the application.

You can complete this application on-line at:

The CareWait link: <https://carewait2-family.carecloud.io/FRCSJ>

The FRC website: www.frscj.org

Click the link to apply for the eligibility list (subsidized child care services)

In order for your eligibility list application to remain continually active, **you must update your application every 6 months on the CEL.**

Even if your information is unchanged, you must update your application every 6 months on the CareWait. Therefore, to update your application, you can either call the FRC office or go on-line. When choosing on-line, you can review your information and save your application again. Updating your application is easy on-line and only takes a few minutes.

Why is updating your application on-line better?

- ✓ You can view and update your application any time at your convenience
- ✓ It is quick and easy to use

This application is for the child care eligibility list, for child care assistance at no cost or low cost. This application can also apply for preschool at Joan Richards Learning Village in Stockton

FRC CEL Application Assistance/
Updates: (209) 461-2708

Family Resource Center (FRC):
(209) 948-1553 or 1-800-526-1555



Parent Voices is a parent-led grassroots organization fighting to make child care affordable and accessible to all families.
You can make difference!

For more information about the
San Joaquin County Chapter
CALL
(209) 461-2619 or 948-1553

Childcare Eligibility List

The Childcare Eligibility List (CEL) is a list of families needing child care assistance in San Joaquin County. Any participating child care program in San Joaquin County may call families from this list to offer no cost or low cost child care.

By placing your name on the eligibility list you may be considered for enrollment by programs serving the entire County, programs serving specific age groups, or by programs serving your child(ren)'s elementary school(s).

If you are working, enrolled in school or in a training program, and your family's gross monthly income meets eligibility requirements, you may be eligible to receive child care assistance.

Mail your completed form to: Family Resource Center
3127 Transworld Dr., Suite 100
Stockton, CA 95206

PRIMARY PARENT INFORMATION (OR GUARDIAN)

Primary Parent/Guardian Name _____
Last First Middle

Gender Male Female

Birth Date _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ Best time to call _____

Cell/Message Phone _____ Email Address _____

Are you the parent, grandparent or guardian to one or more of the children? Yes No

Are you married and currently living with your spouse? Yes No

Is the second parent to at least one of the children living in the home? Yes No

SECOND PARENT INFORMATION (OR GUARDIAN)

COMPLETE THIS SECTION ONLY IF THE SECOND PARENT/GUARDIAN IS CURRENTLY LIVING IN THE HOME.

Second Parent/Guardian Name _____
Last First Middle

Gender Male Female

Birth Date _____

Cell/Message Phone _____ Email Address _____

NEED FOR CARE

Is the family homeless? Yes No

Were you referred by Child Protective Services? Yes No

(A CPS Social Worker may refer children who are receiving CPS services and require child care as part of a CPS case plan.)

Are you interested in your 3-5 year old attending Joan Richards Learning Village (JRLV) Educational Preschool?
JRLV offers part day and full day preschool in Stockton. JRLV is located in the 95210 area code. Yes No

Why do you need services? (check all that apply)

Primary Parent/Guardian: Working School/Training Seeking Employment Medical Incapacitation Seeking Permanent Housing CPS Preschool Only

Second Parent/Guardian: Working School/Training Seeking Employment Medical Incapacitation Seeking Permanent Housing CPS Preschool Only

Primary Parent/Guardian Employment Information (if currently working)

	Employer #1	Employer #2
Employer Name:	_____	_____
Zip Code of Employer:	_____	_____
Phone/Ext.:	_____	_____
Number of hours worked per week:	_____ Per Week	_____ Per Week
Hourly Pay Rate:	\$ _____	\$ _____
OR		
Gross Monthly Income (including tips & commissions):	\$ _____	\$ _____

Primary Parent/Guardian School/Training Information (if currently attending school/training)

	School #1	School #2
School Name:	_____	_____
Zip Code of School:	_____	_____
Educational Goal:	_____	_____
Total Units this Semester/Quarter:	_____	_____
Anticipated Completion Date (Season/Year):	_____	_____
Minimum Hours of Activity Per Week:	_____	_____
Maximum Hours of Activity Per Week:	_____	_____

Second Parent/Guardian Employment Information (if currently working)

	Employer #1	Employer #2
Employer Name:	_____	_____
Zip Code of Employer:	_____	_____
Phone/Ext.:	_____	_____
Number of Hours Worked per Week:	_____ Per Week	_____ Per Week
Hourly Pay Rate:	\$ _____	\$ _____
OR		
Gross Monthly Income (including tips & commissions):	\$ _____	\$ _____

Second Parent/Guardian School/Training Information (if currently attending school/training)

	School #1	School #2
School Name:	_____	_____
Zip Code of School:	_____	_____
Educational Goal:	_____	_____
Total Units this Semester/Quarter:	_____	_____
Anticipated Completion Date (Season/Year):	_____	_____
Minimum Hours of Activity Per Week:	_____	_____
Maximum Hours of Activity Per Week:	_____	_____

INCOME INFORMATION

Are you currently on Cash Aid? Yes No
 (If yes, please enter the amount received last month in the **Other Family Income** section below)

Have you ever been on Cash Aid in California? Yes No

If yes, most recent County of Cash Aid _____ Date Cash Aid ended _____

Enter your monthly income from all sources other than wages from employment. Please note that all income will require verification prior to enrollment.

Regular Income	Applicant	Second Parent
Self-employment	\$ _____	\$ _____
SSA (parent)	\$ _____	\$ _____
SSI/SSP (parent)	\$ _____	\$ _____
Spousal Support Received	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Other	\$ _____	\$ _____

Other Family Income	
Cash Aid (children only)	\$ _____
Cash Aid (family)	\$ _____
Child Support Rec'd	\$ _____
Foster Care	\$ _____
SSA (child)	\$ _____
SSI/SSP (child)	\$ _____
Other	\$ _____

Income Adjustments	
Child Support Paid	\$ _____

CHILD(REN) INFORMATION

Enter information for each child in the household under the age of 21.

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 Preschool (in Stockton, 95210) No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of San Joaquin County, please indicate which county:

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 Preschool (in Stockton, 95210) No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of San Joaquin County, please indicate which county:

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 Preschool (in Stockton, 95210) No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of San Joaquin County, please indicate which county:

CHILD(REN) INFORMATION (continued)

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 Preschool (in Stockton, 95210) No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of San Joaquin County, please indicate which county:

Name _____
Last First Middle

Gender Male Female Birth Date _____

Relationship to parent? Natural/Adoptive/Stepchild Foster Guardianship Grandchild

Special needs? IEP or IFSP No Special Needs

Currently enrolled in subsidized child care? Yes No If yes, where? _____

Services Needed (check all that apply)
 Full-time Part-time Preschool Before/After School Evenings Weekends
 Preschool (in Stockton, 95210) No services needed

Child Care Location Zip Code Preference(s) _____

If you want care outside of San Joaquin County, please indicate which county:

Please remember that this is only an application for the Child Care Eligibility List for subsidized child care and/or Joan Richards Learning Village Educational Preschool. This application does not guarantee that you will receive services.

CERTIFICATION

The information provided on this application will be shared with all participating child care programs in San Joaquin County. I understand the information provided is needed to determine my eligibility for a subsidized child care program and will be verified prior to my enrollment.
I affirm that this information is correct.

Parent/Guardian Signature: _____ Date: _____