



Connections for Children Eligibility List

Registration Form

By completing this form, you are registering on the Connections for Children Eligibility List for low-income families. The information you provide determines your eligibility for subsidized child care and development services as spaces and funding become available. When your family is contacted for enrollment, you will have to document the information provided on this form to make sure you are eligible before you enroll your child. **All information is confidential.** For more information, please feel free to contact us at (310) 452-3325 or visit our website at www.connectionsforchildren.org.

Parent/Guardian #1 Information (Must provide information on ALL adults in the household)

| | | |
|-----------------|-------------|-------------------|
| Last Name: | First name: | Primary language: |
| Street Address: | City: | Zip code: |
| Home phone: | Work phone: | Cell phone: |

Email Address:

Are you currently receiving cash aid? Yes No If NO, have you received cash aid within the last two years? Yes No
 If YES last date of cash aid payment: ____/____/____

REASON FOR NEEDING CHILD CARE (Check all that apply)

- | | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Working (Employer's Name/Zip Code:) | <input type="checkbox"/> Looking for Work |
| <input type="checkbox"/> Attending School or Job Training (Name of School/Zip code:) | <input type="checkbox"/> Homeless/Seeking Housing |
| <input type="checkbox"/> Medically Incapacitated/Disabled | <input type="checkbox"/> Part-day preschool experience for child Only |
| | <input type="checkbox"/> Migrant Worker |

INCOME (Write total dollars, BEFORE taxes and deductions, for each source of income)

| Monthly Income | Source | Monthly Income | Source | Monthly Income | Source |
|----------------|-----------------------------------------------|----------------|---------------------------------------------------------|----------------|--------------------------|
| | Wages/salaries or income from self-employment | | Spousal Support | | Food Stamps |
| | Social Security Benefits | | State Disability | | Unemployment benefits |
| | Worker's Compensation | | Child Support | | Pensions/Annuities |
| | State Supplemental Income | | Adoption Subsidies | | Cash Aid (Children Only) |
| | Other: | | If you pay out child support, how much is it per month? | | |

Parent/Guardian #2 Information (Must provide information on ALL adults in the household)

| | | |
|-----------------|-------------|-------------------|
| Last Name: | First name: | Primary language: |
| Street Address: | City: | Zip code: |
| Home phone: | Work phone: | Cell phone: |

Are you currently receiving cash aid? Yes No If NO, have you received cash aid within the last two years? Yes No
 If YES last date of cash aid payment: ____/____/____

REASON FOR NEEDING CHILD CARE (Check all that apply)

- | | |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Working (Employer's Name/Zip Code:) | <input type="checkbox"/> Looking for Work |
| <input type="checkbox"/> Attending School or Job Training (Name of School/Zip code:) | <input type="checkbox"/> Homeless/Seeking Housing |
| <input type="checkbox"/> Medically Incapacitated/Disabled | <input type="checkbox"/> Part-day preschool experience for child Only |
| | <input type="checkbox"/> Migrant Worker |

INCOME (Write total dollars, BEFORE taxes and deductions, for each source of income)

| Monthly Income | Source | Monthly Income | Source | Monthly Income | Source |
|----------------|-----------------------------------------------|----------------|---------------------------------------------------------|----------------|--------------------------|
| \$ | Wages/salaries or income from self-employment | \$ | Spousal Support | \$ | Food Stamps |
| \$ | Social Security Benefits | \$ | State Disability | \$ | Unemployment benefits |
| \$ | Worker's Compensation | \$ | Child Support | \$ | Pensions/Annuities |
| \$ | State Supplemental Income | \$ | Adoption Subsidies | \$ | Cash Aid (Children Only) |
| \$ | Other: | \$ | If you pay out child support, how much is it per month? | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|-------------|
| #1 First Name | | Last Name | |
| Birth Date: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Preferred Zip Code for care: | |
| Care Needed: (Check all schedules that apply) | | | |
| <input type="checkbox"/> Full time | | <input type="checkbox"/> Part time | |
| <input type="checkbox"/> Weekends | | <input type="checkbox"/> Evenings | |
| <input type="checkbox"/> None | | | |
| Child School Name/ Grade: | | District: | |
| IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE | | | |
| Foster Care Payment | Social Worker's Name | Contact Number | Case Number |
| \$ | | | |
| At risk of Abuse, Neglect or Exploitation? (Must have a referral) <input type="checkbox"/> Yes <input type="checkbox"/> No | | List related siblings in the same household: | |
| Referred by: _____ | | | |
| "Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other: | | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|-------------|
| #2 First Name | | Last Name | |
| Birth Date: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Preferred Zip Code for care: | |
| Care Needed: (Check all schedules that apply) | | | |
| <input type="checkbox"/> Full time | | <input type="checkbox"/> Part time | |
| <input type="checkbox"/> Weekends | | <input type="checkbox"/> Evenings | |
| <input type="checkbox"/> None | | | |
| Child School Name/ Grade: | | District: | |
| IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE | | | |
| Foster Care Payment | Social Worker's Name | Contact Number | Case Number |
| \$ | | | |
| At risk of Abuse, Neglect or Exploitation? (Must have a referral) <input type="checkbox"/> Yes <input type="checkbox"/> No | | List related siblings in the same household: | |
| Referred by: _____ | | | |
| "Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other: | | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|-------------|
| #3 First Name | | Last Name | |
| Birth Date: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Preferred Zip Code for care: | |
| Care Needed: (Check all schedules that apply) | | | |
| <input type="checkbox"/> Full time | | <input type="checkbox"/> Part time | |
| <input type="checkbox"/> Weekends | | <input type="checkbox"/> Evenings | |
| <input type="checkbox"/> None | | | |
| Child School Name/ Grade: | | District: | |
| IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE | | | |
| Foster Care Payment | Social Worker's Name | Contact Number | Case Number |
| \$ | | | |
| At risk of Abuse, Neglect or Exploitation? (Must have a referral) <input type="checkbox"/> Yes <input type="checkbox"/> No | | List related siblings in the same household: | |
| Referred by: _____ | | | |
| "Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other: | | | |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------|-------------|
| #4 First Name | | Last Name | |
| Birth Date: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Preferred Zip Code for care: | |
| Care Needed: (Check all schedules that apply) | | | |
| <input type="checkbox"/> Full time | | <input type="checkbox"/> Part time | |
| <input type="checkbox"/> Weekends | | <input type="checkbox"/> Evenings | |
| <input type="checkbox"/> None | | | |
| Child School Name/ Grade: | | District: | |
| IF CHILD IS IN CHILD PROTECTIVE SERVICES PLEASE COMPLETE HERE | | | |
| Foster Care Payment | Social Worker's Name | Contact Number | Case Number |
| \$ | | | |
| At risk of Abuse, Neglect or Exploitation? (Must have a referral) <input type="checkbox"/> Yes <input type="checkbox"/> No | | List related siblings in the same household: | |
| Referred by: _____ | | | |
| "Parents" Relationship To This Child: <input type="checkbox"/> Biological <input type="checkbox"/> Foster <input type="checkbox"/> Guardian <input type="checkbox"/> Adoptive <input type="checkbox"/> Other: | | | |

| CHILDREN WITH SPECIAL NEEDS, DISABILITIES OR MEDICAL CONDITIONS | | | | |
|-----------------------------------------------------------------------------------|----------|----------|----------|----------|
| Check all that apply for each child listed above | Child #1 | Child #2 | Child #3 | Child #4 |
| Child has Individual Family Services Plan (IFSP) (age 0-3) | | | | |
| Child has an Individual Education Plan (IEP) (ages 3 and older) | | | | |
| Receives Early Start/Regional Center services | | | | |
| Receives services from local school district (special education) | | | | |
| Developmental delays (cognitive, autism, Down Syndrome, etc.) | | | | |
| Developmental delays (physical/motor) | | | | |
| Social/Emotional delays or behavior | | | | |
| Physical disability (cerebral palsy, spinal bifida, orthopedic limitations, etc.) | | | | |
| Health/medical (asthma, diabetes, other _____) | | | | |
| Speech/language/communication | | | | |
| Hearing/vision | | | | |

I certify through my signature that the information on this form is true and correct to the best of my knowledge.

Name of Parent/Guardian

Signature of Parent/Guardian

Date



Dear Applicant,

In order to place your name on the Connections for Children Eligibility List for subsidized child care, please complete the attached form and return it to the address or email below. It is very important that you complete every section of the application. Items such as names, birth dates, family size, phone numbers and amounts of income **must** be answered. Please be aware that there is a waiting period. As vacancies become available, Connections for Children will notify parents and schedule enrollment interviews.

Connections for Children has various resources; The City of Santa Monica sponsors children from infancy to the age of five. This help is for the residents of Santa Monica only. The State of California and the Federal Government sponsor children from infancy to the age of eleven. Your eligibility for this help is based on your monthly income and the number of members in your family.

If there are any changes in telephone number, address, family size or gross family income, please inform Connections for Children immediately at **(310) 452-3325** or email us at **carewait@cfc-ca.org**.

Connections for Children
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