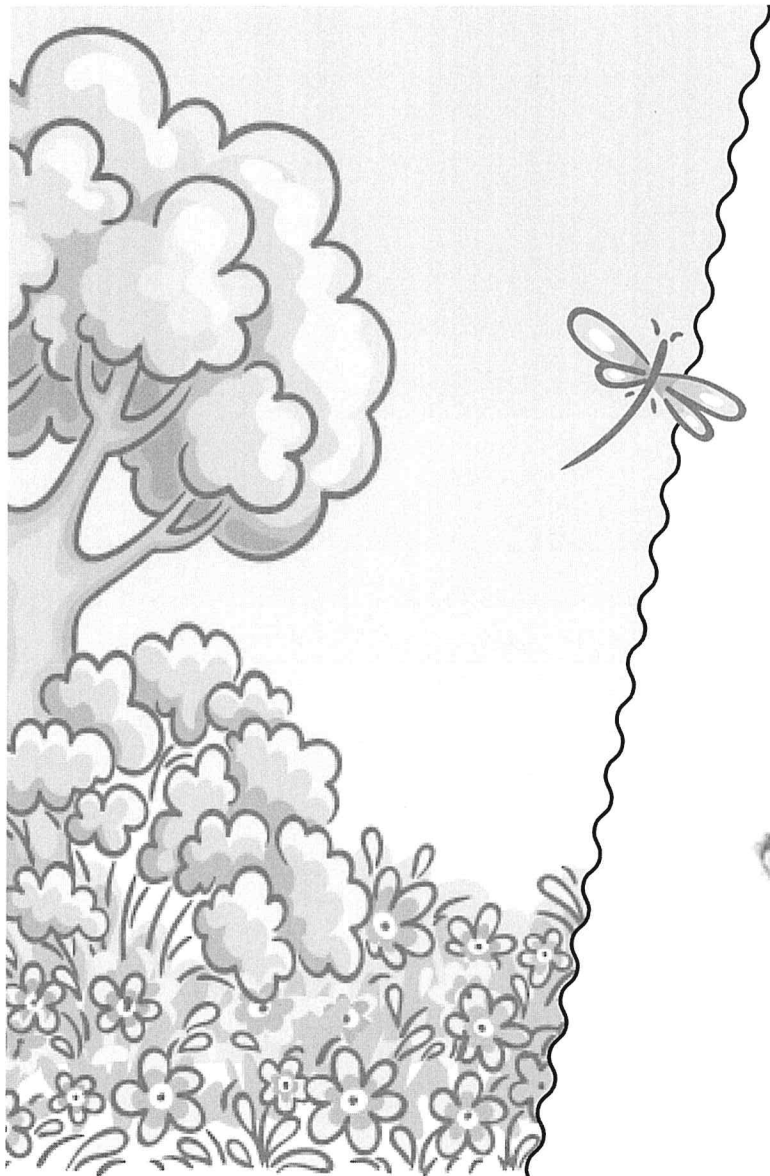
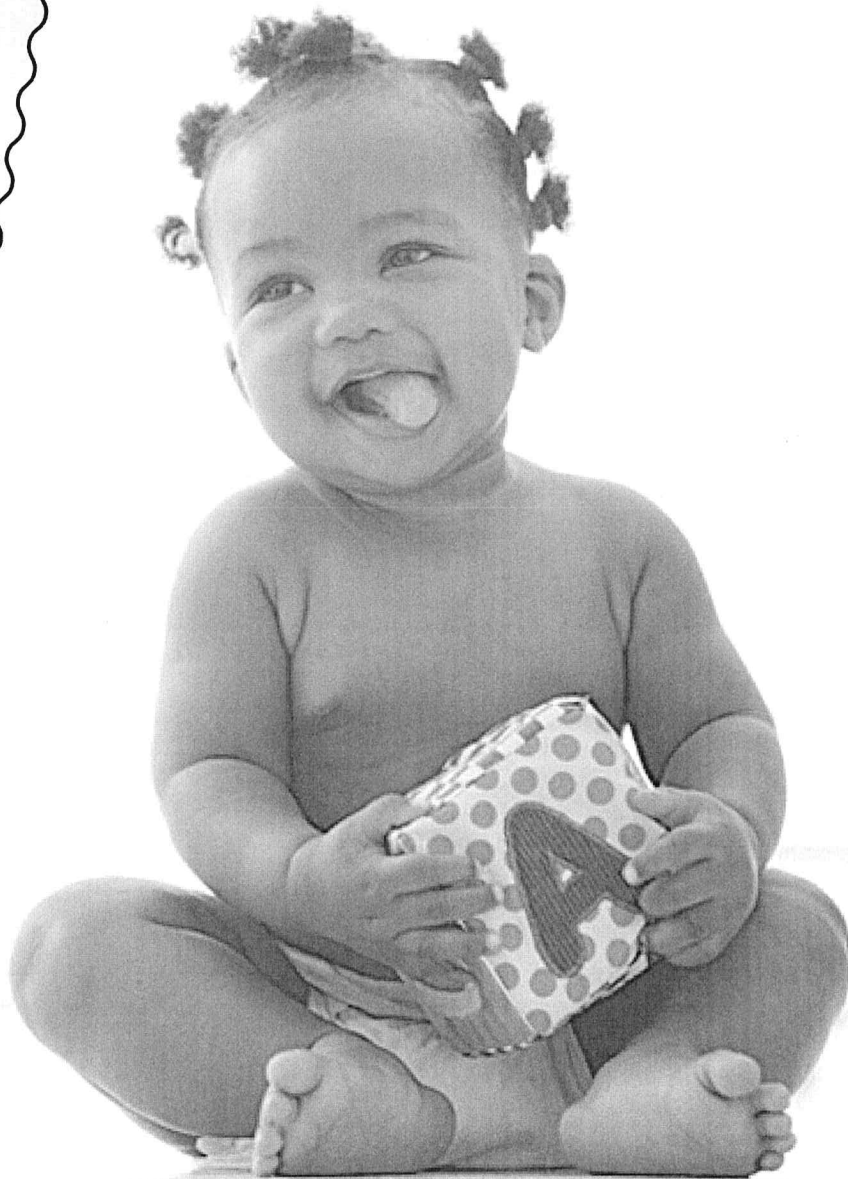


# Child Care Application



2000 K Street, Suite 110  
Bakersfield, CA 93301  
661-861-5200  
(Toll Free) 877-861-5200

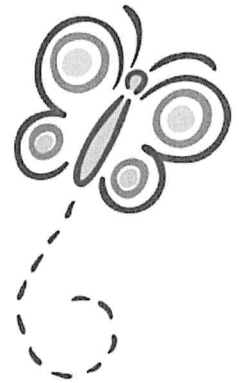
*A program operated  
by the Kern County  
Superintendent  
of Schools Office  
Christine Lizardi Frazier,  
Superintendent*



[www.kernchildcare.org](http://www.kernchildcare.org)

Community Connection for Child Care (CCCC) Alternative Payment Program is funded by the California Department of Education (CDE) to assist low-income families with the expense of child care.

The California Alternative Payment Program (CAPP) requires submission of an application in order to determine need and eligibility. CAPP is a parental choice program. Parents may choose a licensed child care center, a licensed family child care provider, or a license-exempt provider like a family, friend, or neighbor. License-exempt providers must meet program requirements before approval is granted. Children 12 years of age and younger are eligible for child care services.



## Who is eligible for payment assistance?

To receive payment assistance for subsidized child care and development services, families must meet eligibility and need criteria and be able to show that they live and/or work in Kern County. Eligibility is determined by the family size and the family's total gross income. Need is established when parents are employed, seeking employment, attending an accredited educational/vocational school, job training, homelessness, or incapacitation. Incapacitation must be verified by a legally qualified professional.

Neglected or abused children who are recipients of Child Protective Services, or children who are at risk of being neglected or abused, upon written referral from a legal, medical, or social services agency are also eligible for child care and development services. For more information please call (661) 861-5200.

## CCCC Eligibility List

Once a completed application is received, families are placed on the CCCC Eligibility List and ranked according to their family size and income. Families with the lowest rank number are served first as required by the CDE.

Families are selected from the CCCC Eligibility List as funds become available. Submitting an application does not guarantee child care services. Families are not selected on a first come, first served basis.

It is important for families on the Eligibility List to keep CCCC updated with current information. Make sure CCCC has a current phone number and mailing address where a parent/guardian can be reached or where a message can be left. To update your application please call (661) 861-5200 or (877) 861-5200.

**Please mail child care application to the following address:**

**Community Connection for Child Care  
Eligibility List  
2000 K Street, Suite 110  
Bakersfield, CA 93301**



2000 K Street, Suite 110 • Bakersfield, CA 93301 • 661-861-5200 • (Toll Free) 877-861-5200  
A program operated by the Kern County Superintendent of Schools Office, Christine Lizardi Frazier, Superintendent

# Child Care Application

## PARENT INFORMATION (PLEASE PRINT)

### PARENT A

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate/Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of children under 18 living at home: \_\_\_\_\_

<b>Relationship to Child(ren):</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<b>Reason child care / preschool services needed:</b> <input type="checkbox"/> Working <input type="checkbox"/> School / Training <input type="checkbox"/> Job Search / Looking for work <input type="checkbox"/> Homeless <input type="checkbox"/> Incapacitation
---	--	---

### PARENT B

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate/Cell Phone: ( ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of children under 18 living at home: \_\_\_\_\_

<b>Relationship to Child(ren):</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<b>Reason child care / preschool services needed:</b> <input type="checkbox"/> Working <input type="checkbox"/> School / Training <input type="checkbox"/> Job Search / Looking for work <input type="checkbox"/> Homeless <input type="checkbox"/> Incapacitation
---	--	---

PLEASE COMPLETE BOTH SIDES OF THIS FORM

**INCOME**

**PARENT A**

All income sources must be included.

Work Wages (Gross Amount)	\$
Cash Aid	\$
Child Support	\$
Spousal Support	\$
Unemployment	\$
Disability	\$
Financial Aid	\$
Tips / Bonuses	\$
Other	\$
<b>MONTHLY TOTAL</b>	<b>\$</b>

**PARENT B**

All income sources must be included.

Work Wages (Gross Amount)	\$
Cash Aid	\$
Child Support	\$
Spousal Support	\$
Unemployment	\$
Disability	\$
Financial Aid	\$
Tips / Bonuses	\$
Other	\$
<b>MONTHLY TOTAL</b>	<b>\$</b>

**CHILD 1**

First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Gender:  M  F

Does child have an IEP (Individual Education Plan) or IFSP (Individual Family Service Plan)?  Yes  No

Schedule:  Full time (more than 6 hours/day)  Part time (less than 6 hours/day)  
 Shift: (Check all that apply)  Daytime  Evening  Weekend

**CHILD 2**

First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Gender:  M  F

Does child have an IEP (Individual Education Plan) or IFSP (Individual Family Service Plan)?  Yes  No

Schedule:  Full time (more than 6 hours/day)  Part time (less than 6 hours/day)  
 Shift: (Check all that apply)  Daytime  Evening  Weekend

**CHILD 3**

First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Gender:  M  F

Does child have an IEP (Individual Education Plan) or IFSP (Individual Family Service Plan)?  Yes  No

Schedule:  Full time (more than 6 hours/day)  Part time (less than 6 hours/day)  
 Shift: (Check all that apply)  Daytime  Evening  Weekend

**CHILD 4**

First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_ Gender:  M  F

Does child have an IEP (Individual Education Plan) or IFSP (Individual Family Service Plan)?  Yes  No

Schedule:  Full time (more than 6 hours/day)  Part time (less than 6 hours/day)  
 Shift: (Check all that apply)  Daytime  Evening  Weekend

**PLEASE READ AND SIGN** I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained within this application is true, correct and complete. I also understand that all personal information will be maintained with strict confidentiality.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_