

Date: \_\_\_\_\_

Fee for Service

A/P: \_\_\_\_\_

CDE: Priority Rank: \_\_\_\_\_



# ELIGIBILITY LIST

**SMCCD AFFILIATION:**  Current Student  Prospective Student  SMCCD Staff/Faculty  Community Member

**FAMILY INFORMATION:**

Child Name:		Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Parent/Guardian A Name:	G#:	Student Vocation or Job Goal:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Parent/Guardian B Name:	G#:	Student Vocation or Job Goal:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Physical Address:			
City:		State:	Zip:
Cell Phone:		Home Phone:	
Parent/Guardian A Email Address:		Parent/Guardian B Email Address:	

**ELIGIBILITY INFORMATION:** (check all that apply)

- I am currently receiving CalWORKs, TANF, or cash aid or expect to receive these benefits in the immediate future.
- I am requesting to see if I am income eligible to receive fee assistance through the California Department of Education (CDE).
- I am a Veteran currently receiving GI benefits.

**FAMILY SIZE:** \_\_\_\_\_ **MONTHLY GROSS INCOME: \$** \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

**INCOME SOURCES:**

(check all that apply)

- Wages/salary from employment, etc.
- CalWORKs, TANF or cash aid
- Disability/unemployment
- Child support/spousal support
- Dividends, interest, rental income, etc.
- Foster care grants, etc.
- Veterans pensions
- Inheritance
- Grants/scholarships for personal use
- Income from sale of property, etc.
- Wages/salary for migrant/seasonal work
- Wages/salary from self-employment, less expenses
- Workers compensation
- Survivor/retirement Benefits
- Rent from room in family home
- Financial assistance for non-biological child
- Pensions and annuities
- Housing/car as part of compensation
- Court/insurance Settlements
- Other: \_\_\_\_\_

**CHILD CARE NEED:**

- Play & Socialization
- Education or Training
- Special Needs of the Child
- Child Protective Services
- Seeking Employment
- Seeking Permanent Housing
- Employment
- Incapacitated Parent
- Other: \_\_\_\_\_

**SCHEDULE REQUEST:**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- 0 - 4 hours/day
- 4 - 6.5 hours/day
- 6.5 or more hours/day

**OTHER INFORMATION:**

- Does your child currently have any special needs, an IFSP or an IEP?  Yes  No
- Is your child currently receiving services from a therapist?  Yes  No

For CDLC Office Use:

Contact Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Initial Call Made: \_\_\_\_\_  Email sent: \_\_\_\_\_  Tour Date/Time: \_\_\_\_\_ @ \_\_\_\_\_

Program Orientation/Enrollment Meeting Notes: \_\_\_\_\_