# Form COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

#### Instructions for Completing Form COVID-19 2020:

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**Agency Name:** Insert the name of the agency providing child care services in this space.

Family Identification Number or Family Case Number: A Family Identification Number (FIN) or Family Case Number (FCN) must be assigned to each family. Enter the unique FIN in top box on page one of the Form COVID-19 2020.

Initial Subsidized Service Date: This is the earliest month and year that the child(ren), as listed on this COVID-19 2020, first started receiving subsidized child care services from your agency. Every Form COVID-19 2020 must have a month and year entered in this field. This information is for data reporting purposes.

#### Section I. Family Identification

Note: If family size includes more than two adults, complete Sections I, II, and III of a second Form COVID-19 2020 and attach it to the completed Form COVID-19 2020. You may also use a second Form COVID-19 2020 to record additional employers for the parents listed under A and B in Section I.

**COVID-19 2020 Essential Worker**: If the parent/caretaker who is legally/financially responsible for the child is self-certifying as a COVID-19 2020 essential worker, check the box on the line next to **Section I. Family Identification** 

Single parent/caretaker: If the child lives with only one parent/caretaker who is legally/financially responsible for the child, check the box on the line next to Section I. Family Identification

Information on parent/caretaker A. For the first adult living in the same household as the child(ren), complete all items in Section I, including address information. For the purposes of these instructions and the certification of eligibility, a parent/caretaker shall be a person who has responsibility for the child. Thus, "parent/caretaker" could refer, for example, to a biological parent, a stepparent, a grandparent, a foster or adoptive parent, or a legal quardian.

**FIPS Code.** See the "FIPS Codes" section on page three of these instructions to determine the FIPS Code that identifies the state and county where the parent/caretaker lives.

**Information on parent/caretaker B.** If a second parent/caretaker lives in the same household as the child and is included in the calculation of family size, complete all items in Section I B.

#### Section II. Family Income and Eligibility

- 1. **Family Income and Eligibility:** Parent to complete the income amount in box 1. Box 2 must be initialed by the parent to certify the income reported in Box 1 is true and correct. Box 3 must be checked when the parent completes the COVID-19 Self-Certification and returns it to the contractor.
- **2. Employment information:** For each parent/caretaker, enter the name and address of the employer if the reason for needing services is due to being an Essential Worker.

Days and working hours. Note the beginning and ending hours for each day that the parent is employed.

Section III. Family Size: Enter the number of persons included in the family size

#### Section IV. Data on Children

Note: Complete columns 1 and 3 of this section for all children eighteen and under residing in the household. If needed, use a second COVID-19 2020 to record more children.

- (1) Name of child. List all children included in the household size eighteen and under, for whom the parent(s) is responsible.
  - NOTE: When a child and his or her siblings are living in a household that does not include their biological, or adoptive parent(s), "family" shall be considered the child and related siblings. List only the children of this" family" who are eighteen and under.
- (2) Gender. Check the appropriate box in column 2 for each child receiving care through this certification.
- (3) Birth date. In column 3 enter the birth dates of all children listed in column 1 following this format: month/day/year.
- (4) Adjustment factor code. See the "Adjustment Factor Codes" section in these instructions to determine the adjustment factor code that should be entered in column 4.lf no adjustment factor is used, leave this box blank.
- (5) Ethnicity. Enter a "Y" if the child is Hispanic or Latino. Otherwise, enter an "N".
- (6) Race: See the "Race Codes" section in these instructions to determine the race code(s) that should be entered in column 6.At least one code must be entered, but you may enter all codes that apply for each child.

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- (7) Native language: See the "Native Language Codes" section in these instructions to determine the native language code that should be entered in column 7. Language Code. Use only those native language codes provided.
  Child is English Learner? For kindergarten through grade twelve children ONLY. For students reported with a primary language other than English, report the primary language of students on the state-approved Home Language Survey.
- (8) Program code. See the "Program Codes" section in these instructions to determine the program code(s) that should be entered in column 8. Enter one code per line for each child receiving child care services through this certification. If the child(ren) is enrolled in more than one program or with more than one provider, use additional lines to record this information in columns 8 and 9 for each child.
- (9) Type of care and relationship to child. See the "Type of Care Codes" section in these instructions to determine the type of care code(s) that should be entered in column 9. Enter the provider or site name in the space provided.
- (10) Hours of care per day. Enter the amount of early learning and care services needed each day in column 9. Use the lower line (marked "V") to indicate the amount of time needed during the COVID-19 State of Emergency. For preschool-age children, use only the upper line to record the amount of care needed.

#### Section V. Certification and Signature of Parent/Caretaker

Read and explain the conditions of eligibility and need to the parent/caretaker and make sure he or she understands them before signing the application.

Parents must initial item 1 of Section V, stating that the parent(s) has checked the single parent/caretaker box in section 1.

Parent must initial item 2 of Section V, acknowledging that as a condition of receiving Emergency Childcare services, he or she understands that 12-month eligibility does not apply.

**Parent must initial item 3 of Section V**, stating that they understand that the information about my eligibility may be reviewed by representatives of the State of California, the federal government, independent auditors, or others as necessary for the administration of the program.

Parent must initial item 4 of Section V, stating that they understand that this certification is not complete until all documentation is submitted and this form has been signed and dated by me and reviewed, signed, and dated by an agency representative.

Parent must initial item 5 of Section V, stating that they certify that family assets do not exceed \$1,000,000; Child Care and Development Block Grant Act Section 658 p (4)(B).

**Before** the agency representative signs the form, the parent/caretaker completing the application must sign and date the form and indicate his or her relationship to the child. At least one parent signature is required on the application.

#### Section VI. For Office Use Only

The agency representative must complete the items in this section. The certification is not complete until it is signed and dated by the agency representative.

The "Signature of Supervisor" is an optional field and is not required.

#### Completing the Form

Follow these procedures once you have completed the family's certification:

A. File the completed form in the family file.

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#### Section I. Family Identification

#### Federal Information Processing Standards (FIPS) Codes

The FIPS code consists of a state code, which is a two-digit number, and a county code, which is a three-digit number. The codes are California - 06, Arizona - 04, Nevada - 32 and Oregon - 41.

#### California County Codes are as follows:

001	Alameda	041	Marin	081	San Mateo
003	Alpine	043	Mariposa	083	Santa Barbara
005	Amador	045	Mendocino	085	Santa Clara
007	Butte	047	Merced	087	Santa Cruz
009	Calaveras	049	Modoc	089	Shasta
011	Colusa	051	Mono	091	Sierra
013	Contra Costa	053	Monterey	093	Siskiyou
015	Del Norte	055	Napa	095	Solano
017	El Dorado	057	Nevada	097	Sonoma
019	Fresno	059	Orange	099	Stanislaus
021	Glenn	061	Placer	101	Sutter
023	Humboldt	063	Plumas	103	Tehama
025	Imperial	065	Riverside	105	Trinity
027	Inyo	067	Sacramento	107	Tulare
029	Kern	069	San Benito	109	Tuolumne
031	Kings	071	San Bernardino	111	Ventura
033	Lake	073	San Diego	113	Yolo
035	Lassen	075	San Francisco	115	Yuba
037	Los Angeles	077	San Joaquin		
039	Madera	079	San Luis Obispo		

If the family resides outside California, list the state code only.

#### Section IV. Data on Children

### Column 4: Adjustment Factor Codes

21	Infant	24	Severely disabled
22	Exceptional needs	25	Limited English proficient
			(LEP)

23 Child protective services 27 Toddler

#### Column 6: Race Codes

1 American Indian or Alaskan Native 2 As
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3 Black or African American 4 Native Hawaiian or other 5 Caucasian Pacific Islander

#### Column 7: Native Language Codes

11	Arabic	24	Hungarian	06	Portuguese
12	Armenian	25	Ilocano	28	Punjabi
42	Assyrian	26	Indonesian	29	Russian
13	Burmese	27	Italian	45	Rumanian
03	Cantonese	80	Japanese	30	Samoan
36	Cebuano	09	Khmer	31	Serbian
	(Visayan)		(Cambodian)	52	Serbo-
					Croatian
54	Chaldean	50	Khmu	01	Spanish
20	Chamarro	04	Korean	46	Taiwanese
	(Guamanian)	51	Kurdish	32	Thai

#### Column 7 Native Language Codes (Continued)

39	Chaozhou	47	Lahu	53	Toishanese
14	Croatian	07	Mandarin	33	Turkish
15	Dutch		(Putonghua)	38	Ukrainian
00	English	48	Marshallese	35	Urdu
16	Farsi (Persian)	44	Mien	02	Vietnamese
17	French	49	Mixteco	55	Other
18	German	88	Native American		Languages
19	Greek		Languages		of China
43	Gujarati	40	Pashto	66	Other
21	Hebrew	05	Pilipino		Languages of
22	Hindi		(Tagalog)		the Philippines
23	Hmong	41	Polish	99	Other non- English

### Column 8: Program Codes (Contract Prefix)

For current contract program codes and contract prefixes, access the Child Care and Development Contract Program Types Web page at <a href="http://www.cde.ca.gov/sp/cd/ci/ccdprogramtypes.asp">http://www.cde.ca.gov/sp/cd/ci/ccdprogramtypes.asp</a>.

### Column 9: Type of Care Codes

- 02 Licensed family child care home
- 03 Licensed large family child care home
- 04 Licensed center-based care
- 05 License-exempt in-home (child's) care provided by a relative
- 06 License-exempt in-home (child's) care provided by a nonrelative
- 07 License-exempt care provided outside child's home by a relative
- 08 License-exempt care provided outside child's home by a nonrelative
- 11 License-exempt center-based care