

**This is an application for 4Cs' Alternative Payment Program Eligibility List for subsidized child care in San Mateo County.** You may call (650) 517-1460 if you have questions about completing this form. Please turn in the form or mail form to 4Cs Attn: ACCESS, at 330 Twin Dolphin Drive Suite 119 Redwood City, CA 94065, or fax to (650) 596-5103. Enrollments are based on priorities determined by the California Department of Education. 4Cs will share your information with other subsidized programs in or around San Mateo County if spaces become available. Changes to your information after it has been submitted to 4Cs may affect your priority for enrollment and should be reported to 4Cs as soon as they happen.

## Primary Parent Information

Email: \_\_\_\_\_

How did you hear about us?

- Word of mouth
- County referral
- 4Cs website
- Community event
- Friend or family member
- Another service or agency
- Through a child care provider
- Social media

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

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

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

County: \_\_\_\_\_

Marital Status

- Single
- Married
- Divorced
- Separated

Gender

- Male
- Female
- Declined

Ethnicity

- Caucasian (Non-Hispanic)
- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Unknown/Decline to State

Relationship

- Mother
- Father
- Foster parent
- Grandparent
- Guardian
- Other \_\_\_\_\_
- Other Relative \_\_\_\_\_

Preferred Language

- English
- Spanish
- Portuguese
- Mandarin

Primary Language: \_\_\_\_\_

Are you currently receiving cash aid or have you received cash aid in the last 24 months?

- Yes
- No

Reason for Needing Child Care

- Actively Seeking Employment
- Education or Training
- Incapacitated
- Protective Services
- Seeking Permanent Housing
- Working

Employer Zip Code: \_\_\_\_\_

School Zip Code: \_\_\_\_\_

## Secondary Parent Information

Email: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

### Marital Status

- Single
- Married
- Divorced
- Separated

### Gender

- Male
- Female
- Declined

### Ethnicity

- Caucasian (Non-Hispanic)
- American Indian or Alaskan Native
- Asian
- Black or African American
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### Relationship

- Mother
- Father
- Foster parent

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- Other \_\_\_\_\_
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- English
- Spanish
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Primary Language: \_\_\_\_\_

Reason for Needing Child Care

- Actively Seeking Employment
- Education or Training
- Incapacitated
- Protective Services
- Seeking Permanent Housing
- Working

Employer Zip Code: \_\_\_\_\_

School Zip Code: \_\_\_\_\_

# Child Information (1)

Does this child need child care?

- Yes
- No

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Gender

- Male
- Female
- Declined

Ethnicity

- Caucasian (Non-Hispanic)
- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Unknown/Decline to State

Special Needs

- Behavioral/Emotional/Psychological
- Special Health/Medical Needs
- Communication/Language
- Physical Disability
- Visual/Hearing
- Development Delays
- Developmental Disability
- Learning Disability
- Requires Special Equipment, Dietary or Med. Needs
- Other Illness or Disorder
- Individualized Education Program (IEP)

Foster/Guardian Child

- Yes
- No

## Child Information (2)

Does this child need child care?

- Yes
- No

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Gender

- Male
- Female
- Declined

Ethnicity

- Caucasian (Non-Hispanic)
- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- Unknown/Decline to State

Special Needs

- Behavioral/Emotional/Psychological
- Special Health/Medical Needs
- Communication/Language
- Physical Disability
- Visual/Hearing
- Development Delays
- Developmental Disability
- Learning Disability
- Requires Special Equipment, Dietary or Med. Needs
- Other Illness or Disorder
- Individualized Education Program (IEP)

Foster/Guardian Child

- Yes
- No

## Child Information (Print additional copies to add more children)

Does this child need child care?

- Yes
- No

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Gender

- Male
- Female
- Declined

Ethnicity

- Caucasian (Non-Hispanic)
- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
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Special Needs

- Behavioral/Emotional/Psychological
- Special Health/Medical Needs
- Communication/Language
- Physical Disability
- Visual/Hearing
- Development Delays
- Developmental Disability
- Learning Disability
- Requires Special Equipment, Dietary or Med. Needs
- Other Illness or Disorder
- Individualized Education Program (IEP)

Foster/Guardian Child

- Yes
- No

## Income Information (Primary Parent)

Income Source (check all that apply)	Monthly Amount
<input type="checkbox"/> Employment or Self-Employment	
<input type="checkbox"/> Cash Aid (CalWORKS or TANF)	
<input type="checkbox"/> Alimony or Child Support	
<input type="checkbox"/> Disability or Unemployment	
<input type="checkbox"/> Survivor and Retirement Benefits	
<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Inheritance	
<input type="checkbox"/> Dividends, Interest, Estate Income, Royalties	
<input type="checkbox"/> Rental Income	
<input type="checkbox"/> Veterans pension	
<input type="checkbox"/> Pension or Annuities	
<input type="checkbox"/> Adoption Subsidies Military Pay and Allowances (including BAH)	
<input type="checkbox"/> Student Financial Aid for Living Costs ONLY	
<input type="checkbox"/> Foster Grants	
<input type="checkbox"/> Other Countable: _____	
<input type="checkbox"/> Other Countable: _____	
<input type="checkbox"/> Other Countable: _____	
<input type="checkbox"/> Other Countable _____	
<input type="checkbox"/> SSI (NONCOUNTABLE)	



## Income Information (Secondary Parent)

Income Source (check all that apply)	Monthly Amount
<input type="checkbox"/> Employment or Self-Employment	
<input type="checkbox"/> Cash Aid (CalWORKS or TANF)	
<input type="checkbox"/> Alimony or Child Support	
<input type="checkbox"/> Disability or Unemployment	
<input type="checkbox"/> Survivor and Retirement Benefits	
<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> Inheritance	
<input type="checkbox"/> Dividends, Interest, Estate Income, Royalties	
<input type="checkbox"/> Rental Income	
<input type="checkbox"/> Veterans pension	
<input type="checkbox"/> Pension or Annuities	
<input type="checkbox"/> Adoption Subsidies Military Pay and Allowances (including BAH)	
<input type="checkbox"/> Student Financial Aid for Living Costs ONLY	
<input type="checkbox"/> Foster Grants	
<input type="checkbox"/> Other Countable: _____	
<input type="checkbox"/> Other Countable: _____	
<input type="checkbox"/> Other Countable: _____	
<input type="checkbox"/> Other Countable _____	
<input type="checkbox"/> SSI (NONCOUNTABLE)	

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge, and I understand that 4Cs will share my information with other subsidized programs in or around San Mateo County if spaces become available.

Primary Parent: \_\_\_\_\_ Date: \_\_\_\_\_