



Childcare Eligibility List

The Childcare Eligibility List (CEL) is a list of families needing child care assistance in Nevada & Sierra Counties.

By placing your name on the eligibility list, you may be considered for enrollment in programs administered by Sierra Nevada Children’s Services.

If you are working, enrolled in school or in a training program, and your family’s gross monthly income meets eligibility requirements, you may be eligible to receive child care assistance.

Mail your completed form to: Sierra Nevada Children’s Services
420 Sierra College Drive, Suite 100
Grass Valley, CA 95945
Phone: 530-272-8866 Fax: 530-272-1354 Email: info@SNCS.org

Applicant Name (Parent or Guardian):

Gender: _____ **Birth Date:** _____

Mailing Address: _____ **City:** _____ **Zip Code:** _____

Home Address: _____ **City:** _____ **Zip Code:** _____

Home Phone _____ **Mobile Phone:** _____
Call this number first Call this number first

Email: _____

Working School Seeking Employment Seeking Permanent Housing Incapacitated

PLEASE ENTER PREFERRED LANGUAGE(S):

Family Type: Biological Guardian Foster

NOTE: If services are needed for both Biological & Guardian/Foster children please submit separate applications.

2nd Parent Information

Second Parent Information: COMPLETE ONLY IF PARENT LIVES IN THE HOME

Name: _____

Gender: _____ **Birth Date:** _____

Phone Number: _____ **Secondary Number:** _____

Working School Seeking Employment Seeking Housing Incapacitated

Current SNCS Clients:

Seeking Program Transfer to: AP CFCC

Child Information

1. Child Information: PLEASE INCLUDE ALL CHILDREN UNDER 18, LIVING IN THE HOME

Name: _____

Gender: _____ **Birth Date:** _____ **Current Child Care Provider:** _____

Child Protective Services (Fax Referral from CPS) At Risk (Fax Referral from Lic. Prof.) IEP IFSP

2. Child Information:

Name: _____

Gender: _____ **Birth Date:** _____ **Current Child Care Provider:** _____

Child Protective Services (Fax Referral from CPS) At Risk (Fax Referral from Lic. Prof.) IEP IFSP

3. Child Information:				
Name:				
Gender:	Birth Date:	Current Child Care Provider:		
<input type="checkbox"/> Child Protective Services (Fax Referral from CPS) <input type="checkbox"/> At Risk (Fax Referral from Lic. Prof.) <input type="checkbox"/> IEP <input type="checkbox"/> IFSP				
4. Child Information:				
Name:				
Gender:	Birth Date:	Current Child Care Provider:		
<input type="checkbox"/> Child Protective Services (Fax Referral from CPS) <input type="checkbox"/> At Risk (Fax Referral from Lic. Prof.) <input type="checkbox"/> IEP <input type="checkbox"/> IFSP				
5. Child Information:				
Name:				
Gender:	Birth Date:	Current Child Care Provider:		
<input type="checkbox"/> Child Protective Services (Fax Referral from CPS) <input type="checkbox"/> At Risk (Fax Referral from Lic. Prof.) <input type="checkbox"/> IEP <input type="checkbox"/> IFSP				
6. Child Information:				
Name:				
Gender:	Birth Date:	Current Child Care Provider:		
<input type="checkbox"/> Child Protective Services (Fax Referral from CPS) <input type="checkbox"/> At Risk (Fax Referral from Lic. Prof.) <input type="checkbox"/> IEP <input type="checkbox"/> IFSP				
Combined Household Income				
Are you currently receiving Cash Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever received Cash Aid in California? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, most recent County where you received Cash Aid:			Date Cash Aid ended:	
Income Types:			Gross Monthly Income (before taxes):	
Wages, salary, advances, commissions, overtime, bonuses, tips			\$	
Gross income from self employment less business expenses with the exception of wage draws			\$	
Gambling or lottery winnings			\$	
Public cash assistance - Select Type of Aid: <input type="checkbox"/> Child Only Cash Aid <input type="checkbox"/> Family Cash Aid <input type="checkbox"/> Food Aid			\$	
Child support and spousal support			\$	
Unemployment compensation, Disability compensation, or Worker's compensation			\$	
Survivor benefits or Retirement benefits			\$	
Rent for room(s) within the family's residence – PAID TO YOU			\$	
Foster care grants, payments or clothing allowance for children placed through child welfare services			\$	
Financial aid received for care of a child living with an adult who is not the child's biological or adoptive parent			\$	
Veteran's pension			\$	
Pension or annuities			\$	
Allowances for housing or automobiles provided as part of compensation			\$	
Portion of student grants or scholarships not identified for educational purposes such as tuition, books or supplies			\$	
Insurance or court settlements for lost wages or punitive damages			\$	
Net proceeds from the sale of real property, stocks, or inherited property			\$	
Other enterprise for gain			\$	
Income Adjustments:				
Child Support Paid by you			\$	
How did you hear about us? <input type="checkbox"/> From a friend or family member <input type="checkbox"/> Sierra Nevada Children's Services (SNCS) website				
<input type="checkbox"/> Referral from other agency _____ (name) <input type="checkbox"/> On the radio _____ (which station?)				
<input type="checkbox"/> Saw an advertisement _____ (where?) <input type="checkbox"/> Other: _____ (please explain)				