

Confidential Application for Child Development Services and Certification of Eligibility

Form ELCD 9600, Page 1, (REV. 12/17)

Agency Name: _____ FRPM Site
 Family Identification/Case No.: _____
 Initial Subsidized Service Date: _____
 Type of Application: (Check one) Initial Recertification

Note: State regulations require a formal application and certification for child development services. You will receive written notice of your eligibility no later than 30 days from the date of your signature on this form. This form must be completed by an agency representative in consultation with the family. The agency must verify and certify family eligibility prior to beginning services. **Refer to the attached instructions for the completion of this form.**

Section I. Family Identification. If you are a single parent/caretaker, check this box: <input type="checkbox"/>				See Instructions, Section I.			
Name of parent/caretaker (full name, including middle initial) A.			Phone no. (cell or home)		Phone no. (work/school)		
Name of parent/caretaker (full name, including middle initial) B.			Phone no. (cell or home)		Phone no. (work/school)		
Street address		City		State	Zip	FIPS code	

Section II. Family Eligibility and Reason for Needing Service

A. Family Eligibility Status (Check as many as apply.)

<input type="checkbox"/>	Protective Services	<input type="checkbox"/>	Current Aid Recipient	<input type="checkbox"/>	Income Eligible	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Programs for the Severely Handicapped	<input type="checkbox"/>	CSPP Only-Qualified FRPM Resident
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B. Reason for Needing Service. Indicate all the reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/caretaker listed above. Attach documentation. (This section does not apply to part-day state preschool programs or programs for severely handicapped.)

Parent/Caretaker	Reason for Needing Service	Parent/Caretaker	Reason for Needing Service	Parent/Caretaker	Stages 1, 2, and 3 CalWORKs recipients only
	Homeless		Education or training		CalWORKs activities Date parent became ineligible for aid: _____
	Working		Actively seeking employment		Diversion Date: _____
	Child referred for protective services because of neglect, abuse, exploitation, or At-Risk thereof		Seeking permanent housing		Record date of entry into each stage: Stage 1: _____ Stage 2: _____ Stage 3: _____
	Parent/caretaker incapacitated because of medical or psychiatric special needs		CSPP Only - No Need Required		
			CSPP Only - FRPM Qualified Resident		

C. Employment/Training Information. Must be completed for each adult listed in Section I above to document need on the basis of employment or training. (Attach documentation.)

Parent/Caretaker	Employer/School	Street Address					City	Zip
A								
A								
Days and working/training hours:	From: _____ To: _____	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Parent/Caretaker	Employer/School	Street Address					City	Zip
B								
B								
Days and working/training hours:	From: _____ To: _____	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Section III. Family Adjusted Gross Monthly Income and Size

A. Family monthly income. The family's adjusted monthly income from all sources (Attach verification and documentation.): \$ _____
 B. Family income sources (Check all that apply. Do not count the gray shaded areas in Section III. A above.) **Black shaded boxes for CalWORKs recipients only.**
NOTE: Section III B is for federal data collection purposes only.

<input type="checkbox"/>	Employment, including self-employment	<input type="checkbox"/>	Other federal cash income programs (such as SSI)
<input type="checkbox"/>	Child support	<input type="checkbox"/>	Housing voucher or cash assistance
<input type="checkbox"/>	Cash or other assistance under Title IV of the Social Security Act (TANF)	<input type="checkbox"/>	Assistance under the Food Stamps Act of 1977
<input type="checkbox"/>	State-only alien and two-parent programs for CalWORKs recipients	<input type="checkbox"/>	Other: _____

C. Family size (See "Funding Terms and Conditions" for instructions on calculating family size.): _____
 D. Parent(s) currently on active duty (i.e. serving full-time) in the U.S. Military? YES ___ NO ___
 E. Parent(s) a current member of a National Guard or Military Reserve Unit? YES ___ NO ___

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Section IV. Data on Children. List ALL children residing in the home and counted in the family size.

Complete for all children residing in the home			Complete only for children served by your agency				For children enrolled in more than one program or site, use additional lines as needed															
(1) Full Name of Child Including Middle Initial	(2) Gender		(3) Birth Date MM/DD/YYYY	(4) Adjustment Factor Code	(5) Ethnicity	(6) Race	(7) Native Language		(8) Program Code	(9) Type of Care Code	(10) Hours of Care per Day											
	M	F					Language Code	Child is English Learner? (School age ONLY)			M	T	W	T	F	S	S					
											S											
											Provider/site name:	V										
												S										
											Provider/site name:	V										
												S										
											Provider/site name:	V										
												S										
											Provider/site name:	V										

Section V. Certification and Signature of Parent/Caretaker.

<p>1. I understand that I am self-certifying single parent status under penalty of perjury in Section 1 of this document when the single parent/caretaker box has been checked. Parent Initials: _____</p> <p>2. I 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.</p> <p>3. I understand that if the agency denies this application for services, I have the right to appeal.</p> <p>4. I understand that I will receive a notice of approval or disapproval of my application within 30 days from the date I sign this form.</p>	<p>5. I 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.</p> <p>6. I certify that my family assets do not exceed \$1,000,000; Child Care and Development Block Grant Act Section 658 p (4)(B).</p> <p>7. I understand that I must renew my eligibility at least once a year. I further understand that if I do not renew my eligibility, I will no longer be eligible for subsidized child care services for my child.</p>
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I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature _____	Date _____	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe _____
Signature _____	Date _____	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe _____

Section VI. Family Fee (Refer to the current CDE Family Fee Schedule).

Type of Fee	Flat Monthly Fee Rate (See the instructions for Section VI.)	
<input type="checkbox"/> Full-time 130 hours or more per month	Flat Monthly Rate: \$ _____	Specifics: _____
<input type="checkbox"/> Part-time Under 130 hours per month	Flat Monthly Rate: \$ _____	Specifics: _____

Section VII. For Office Use Only. (Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative.)

Eligibility Status: <input type="checkbox"/> Denied <input type="checkbox"/> Approved Site Name: _____	Date Notice of Action Sent (Attach copy) _____	Date Notice of Action Given (Attach copy) _____	First date of subsidized service _____	Last date of enrollment _____
Signature of Authorized Agency Representative _____		Title _____	Telephone number _____	Date _____
Signature of Supervisor (Optional) _____		Title _____	Telephone number _____	Date _____

**Instructions for Completing Form ELCD 9600:
Confidential Application for Child Development Services and Certification of Eligibility**

Form ELCD 9600 (or documentation containing the same information) must be completed and signed by the parent and an agency representative **before** the child enters the child development program. All certification forms and documentation must be maintained in the family file.

Agency Name: Insert the name of the agency providing or funding child care services in this space. Check the FRPM Site box if the family is a CSPP site/classroom that is located within the attendance boundaries of a qualified FRPM School.

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 ELCD 9600.

Initial Subsidized Service Date: This is the earliest month and year that the child(ren), as listed on this ELCD 9600, first started receiving subsidized child care services from your agency. **Every ELCD 9600 must have a month and year entered in this field.** This information is for data reporting purposes. If there is a break of three months or more, enter the month child care resumed. If there is a break of less than three months (vacation, for example), enter the original date assistance began, not the date it resumed.

Type of Application: Check the box after "Initial" if this is the first application taken by the agency named on this ELCD 9600. Check the box after "Recertification" if this is the second or later application taken by the agency listed on this ELCD 9600.

Section I. Family Identification

Note: If family size includes more than two adults, complete Sections I, II, and III of a second ELCD 9600 and attach it to the complete ELCD 9600. You may also use a second ELCD 9600 to record additional employers or training institutions for the parents listed under A and B in Section I.

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 guardian.

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 Eligibility and Reason for Needing Service

NOTE: For part-day services, family eligibility is determined based on adjusted gross monthly income in relation to family size only. For full-day services, family eligibility is determined based on adjusted gross monthly income in relation to family size **and** the family's need for child development services and/or CalWORKs status.

- A. Family eligibility status.** Check all eligibility categories for which the family qualifies.
- B. Reason for needing service.** For each parent/caretaker or other adult included in the family size, note with an "A" or "B" all of the reasons for needing services and attach the appropriate documentation. Identify the main reason for needing service with an asterisk if there is more than one reason. Do not complete this section for part-day state preschool or severely handicapped.

CalWORKs recipients only: This box is to be completed for all CalWORKs recipients receiving services in Stages 1, 2, or 3.

- If a parent/caretaker is completing CalWORKs activities, enter "A" and/or "B" in the box labeled "CalWORKs Activities."
- If a parent/caretaker has received a diversion payment, enter "A" and/or "B" in the box labeled "Diversion."
- In the box labeled "Record date of entry into each stage," enter the initial date of entry into each stage.
- **For Stage I or II families no longer eligible for CalWORKs aid, enter the date the parent became ineligible for aid in the box labeled "Date parent became ineligible for aid."**

- C. Employment/training information.** For each parent/caretaker, enter the name and address of the employer or the institution of training or education, as appropriate. Do not complete this section for part-day state preschool or programs for severely handicapped.

Days and working/training hours. Note the beginning and ending hours for each day that the parent is employed or in a training program.

Section III. Family Adjusted Gross Monthly Income and Size

- A. Family monthly income.** Enter the family's total adjusted gross monthly income from all sources. All income must be verified.
- B. Family income sources.** Check each box to identify all sources of family income. These include sources of income that are **not** counted for eligibility determinations.
- The black shaded boxes are to be completed for CalWORKs recipients only. County welfare departments will identify whether a CalWORKs recipient is receiving CalWORKs benefits under the State-only alien program or the state-only two-parent program. These two programs count toward Temporary Assistance to Needy Families Maintenance of Effort.
 - The gray shaded boxes are not to be counted in the family's total adjusted monthly income.

**Instructions for Completing Form ELCD 9600:
Confidential Application for Child Development Services and Certification of Eligibility**

(Continued)

Section III. A Family Adjusted Gross Monthly Income and Size

Section III. B is for federal data collection purposes only.

Family Size. Enter the total family size, including (1) all parent(s)/caretaker(s) listed on the ELCD 9600; (2) all children named in Section V; (3) any adult listed on an additional ELCD 9600; and (4) any children listed on a second ELCD 9600.

C. Family Military Status. Enter "Yes" if the parent(s) is currently serving active duty (i.e. serving full-time) in the U.S. Military. Enter "No" if the parent(s) is not on active duty.

D. National Guard/Military Reserve Status. Enter "Yes" if the parent(s) is currently a member of either a National Guard unit or a Military Reserve unit. Enter "No" if the parent(s) is not a member of the National Guard or Military Reserve unit.

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 ELCD 9600 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. If 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.

(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 child development services needed each day in column 9. Use the upper line (marked "S") to indicate the amount of care needed during the school session; use the lower line (marked "V") to indicate the amount of time needed during vacations. 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, if self-certifying by checking the box in Section I. **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. Family Fee

Monthly Flat Rate: Use the most current effective Family Fee Schedule issued by the Early Learning and Care Division. Assess the Family Fee according to the family size, total countable income, and total monthly certified hours of care for the child(ren). If the family has more than one child receiving services, determine the family fee based on the certified hours of care for the child with the largest monthly number of approved certified hours.

Full-time Fee: Assess a Full-time fee for certified need of 130 hours or more per month.

Part-time Fee: Assess a Part-time fee for certified need of less than 130 hours per month.

If applicable, the field labeled "specifics" should be used to explain determination of fee.

Section VII. 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.
- B. If the family has a new or updated certification, add it to the family file. Do not remove the earlier applications.

**Instructions for Completing Form ELCD 9600:
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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 Asian
3 Black or African American	4 Native Hawaiian or other Pacific Islander
5 Caucasian	

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	08 Japanese	30 Samoan
36 Cebuano	09 Khmer	31 Serbian
(Visayan)	(Cambodian)	52 Serbo-Croatian
54 Chaldean	50 Khmu	01 Spanish
20 Chamorro	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 <http://www.cde.ca.gov/sp/cd/ci/ccdprogramtypes.asp>.

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

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