



Assistance with Child Care Eligibility and Support Services (ACCESS) Application

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/Guardian: First Name: _____ Last Name: _____ Date of Birth: _____

Secondary Parent/Guardian (if living at home): First Name: _____ Last Name: _____ Date of Birth: _____

Home Address: _____ Apt Number: _____ City: _____ Zip Code: _____

Mailing Address: _____ Apt Number: _____ City: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____ Email: _____

Primary Language Spoken: English Spanish Other (please list) _____

Number of adults in the home related to children by blood, marriage, or adoption: ____ Please list their names and their relationship(s) to your child(ren) _____

Have You Received CalWORKS Cash Assistance Within the Last 2 Years? Yes No

Please provide information for all of your children under the age of 18 in the household:

Child 1 First Name: _____ Last Name: _____ Date of Birth _____ Needs Child Care? Yes No

Child 2 First Name: _____ Last Name: _____ Date of Birth _____ Needs Child Care? Yes No

Child 3 First Name: _____ Last Name: _____ Date of Birth _____ Needs Child Care? Yes No

Child 4 First Name: _____ Last Name: _____ Date of Birth _____ Needs Child Care? Yes No

Child 5 First Name: _____ Last Name: _____ Date of Birth _____ Needs Child Care? Yes No

Do any of these children have an IEP or IFSP? Yes No If yes, please indicate the child's name: _____

Is there an open CPS case for your family? Yes No

FOSTER PARENTS/GUARDIANS WHO ARE NOT THE BIOLOGICAL/ADOPTIVE PARENTS: Please provide the total monthly income you receive for the children (Cash Aid, child support, SSA, etc) _____. Please do not enter any other income below.

Primary Parent's Wages **before** Taxes/Deductions: \$ _____

How often do you get this amount? Weekly Every 2 Weeks 2x per month Monthly

Please write in monthly amounts for the following types of income in the space below:

Disability or Unemployment: \$ _____ Child Support: \$ _____ Social Security, Survivor, or Retirement Benefits: \$ _____

Cash Aid (CalWORKS) \$ _____ Any Other Income (please describe): \$ _____

Secondary Parent's Wages **before** Taxes/Deductions: \$ _____

How often do they get this amount? Weekly Every 2 Weeks 2x per month Monthly

Please write in monthly amounts for the following types of income in the space below:

Disability or Unemployment: \$ _____ Child Support: \$ _____ Social Security, Survivor, or Retirement Benefits: \$ _____

Cash Aid (CalWORKS) \$ _____ Any Other Income (please describe): \$ _____

No Family Income (please describe how your family's needs are met) _____

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: _____