

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

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- ☐ 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 Brith (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 Brith (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

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- ☐ 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

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- ☐ 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

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: _____