



Mail: Child, Family & Community Services, Inc.
 C/O CCCAPP – Eligibility List
 29150 Ruus Rd.
 Hayward, CA 94544
 (510) 265-5300

Fax: (510) 675-0631
Attn: CCCAPP – Eligibility List

Received Date: _____
Rank: _____

**CCCAPP Eligibility List Application
 Subsidized Child Care in Hayward Area**

Please Print

Current Address		City	State	Zip
Home Phone	Cell Phone	Email		

Relationship to child Parent Guardian Foster Parent Other

Gross Monthly Income (Before Tax) <i>List all sources of income under each parent.</i>	Primary Parent Name	Secondary Parent Name	For Office Use Only
Hours of work per week			
Hourly wage			
Employment (include self employment)			
Cash Aid			
Foster Payment			
Unemployment			
Disability Insurance			
Other Income			

List all children living in the home – for additional children, please document on back of this page.

Child Name	Child Date of Birth	Needing Care		Amount - Child Support Received per child	For Office Use Only
		Yes	No		
1		Yes	No		
2		Yes	No		
3		Yes	No		
5		Yes	No		
6		Yes	No		
Total					

Have you received Cash Aid (Welfare/TANF/AFDC) within the last 2 years?
 Yes. If "yes", please provide a cash aid print out from the welfare department. No

Do you have written referral from Child Protective Services (CPS) or At Risk?
 Yes . Please attach a letter. No

By signing this application, you acknowledge and grant permission for your application to be shared among participating agencies.

- I declare that the above information is complete and true to the best of my knowledge.
- I understand my eligibility is based upon information given here and that documentation will be required prior to enrollment.
- I understand that I will update this application every six months or my name will be removed from the list.
- I understand that complete this application does not guarantee enrollment.

Signature: _____ Date: _____