



# Centralized Eligibility List (CEL) Application

## Parent(s) Information

### General Info

First Name \_\_\_\_\_  
Middle Initial (MI) \_\_\_\_\_  
Last Name \_\_\_\_\_

Male  Female

SS # (Optional) \_\_\_\_\_

Birth Date \_\_\_\_\_

Work Phone \_\_\_\_\_

OK to call Work?  Yes  No

Cell/Message \_\_\_\_\_

Best Number to Call \_\_\_\_\_

Best Times to Call \_\_\_\_\_

Email \_\_\_\_\_

Married?  Yes  No

Single Parent?  Yes  No

Ethnicity \_\_\_\_\_

Do you speak English?  Yes  No

### Parent/Guardian 2

\_\_\_\_\_

Male  Female

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OK to call Work?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Married?  Yes  No

Single Parent?  Yes  No

\_\_\_\_\_

Do you speak English?  Yes  No

## Household Information

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Family Size \_\_\_\_\_

Did your family move during the past 24 months to look for or get an agricultural job?  Yes  No

If yes, what was the date you last moved? \_\_\_\_\_

Is your source of income 50% or more from agricultural work?  Yes  No

## CalWORKS (Welfare)

Is the parent currently participating in CalWORKS activities or receiving cash aid?

### Parent/Guardian 1

Yes  No

### Parent/Guardian 2

Yes  No

If you have received CalWORKS diversion, date received? \_\_\_\_\_

If no longer receiving CalWORKS cash aid, date last received? \_\_\_\_\_

## Need for Child Care

*(please make sure at least one of these is yes for each parent in household)*

### Parent/Guardian 1

### Parent/Guardian 2

Incapacitated due to documented medical/psychiatric needs  Yes  No

Yes  No

Working  Yes  No

Yes  No

Education or Training  Yes  No

Yes  No

Actively seeking employment  Yes  No

Yes  No

Seeking permanent housing/homeless  Yes  No

Yes  No

**Parent Characteristics**

Teen parent  
Migrant Worker  
Student  
Grandparent  
Foster Parent

**Parent/Guardian 1**

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Parent/Guardian 2**

Yes  No  
 Yes  No  
 Yes  No  
 Yes  No  
 Yes  No

**Employment/Training**

Employer  
Address  
City  
State  
Zip  
County

**Parent/Guardian 1**

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**Parent/Guardian 2**

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**Monthly Income**

**Parent/Guardian 1**

**Parent/Guardian 2**

**\* If your income is 0 please provide a statement in the "additional comments" section as to how you support yourself and your family.**

Work/Employment	\$ _____	\$ _____
Child Support- Not TANF	\$ _____	\$ _____
Spousal Support	\$ _____	\$ _____
Foster Care	\$ _____	\$ _____
CalWORKS State-Only/TANF	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Pensions	\$ _____	\$ _____
Other Public Assistance	\$ _____	\$ _____
Other Income	\$ _____	\$ _____
<b>Gross Monthly Family Income (before taxes)</b>	<b>\$ _____</b>	<b>\$ _____</b>

\* You will be asked for current pay stubs and other documentation to verify your income before your child can be enrolled in any state funded program. If your actual income differs from the amount reported above, it may change your eligibility for programs.

**Child(ren) Information**

\* Unborn children may not be placed on the CEL.

#1) First Name \_\_\_\_\_  
MI \_\_\_\_\_  
Last Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
SS # \_\_\_\_\_  
Gender \_\_\_\_\_  
Language English  Spanish  Other \_\_\_\_\_  
District (if school age) \_\_\_\_\_  
Grade \_\_\_\_\_  
School \_\_\_\_\_

Ethnicity:  
 American Indian or Alaskan Native  Asian  
 African American  Native Hawaiian or Other Pacific  
 Caucasian  Hispanic or Latino  Other

Foster child?  Yes  No  
Do you want services for this child?  Yes  No  
Living in your household?  Yes  No

#2) First Name \_\_\_\_\_  
MI \_\_\_\_\_  
Last Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
SS # \_\_\_\_\_  
Gender \_\_\_\_\_  
Language English  Spanish  Other \_\_\_\_\_  
District (if school age) \_\_\_\_\_  
Grade \_\_\_\_\_  
School \_\_\_\_\_

Ethnicity:  
 American Indian or Alaskan Native  Asian  
 African American  Native Hawaiian or Other Pacific  
 Caucasian  Hispanic or Latino  Other

Foster child?  Yes  No  
Do you want services for this child?  Yes  No  
Living in your household?  Yes  No

#3) First Name \_\_\_\_\_  
MI \_\_\_\_\_  
Last Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
SS # \_\_\_\_\_  
Gender \_\_\_\_\_  
Language English  Spanish  Other \_\_\_\_\_  
District (if school age) \_\_\_\_\_  
Grade \_\_\_\_\_  
School \_\_\_\_\_

Ethnicity:  
 American Indian or Alaskan Native  Asian  
 African American  Native Hawaiian or Other Pacific  
 Caucasian  Hispanic or Latino  Other

Foster child?  Yes  No  
Do you want services for this child?  Yes  No  
Living in your household?  Yes  No

#4) First Name \_\_\_\_\_  
MI \_\_\_\_\_  
Last Name \_\_\_\_\_  
Birth Date \_\_\_\_\_  
SS # \_\_\_\_\_  
Gender \_\_\_\_\_  
Language English  Spanish  Other \_\_\_\_\_  
District (if school age) \_\_\_\_\_  
Grade \_\_\_\_\_  
School \_\_\_\_\_

Ethnicity:  
 American Indian or Alaskan Native  Asian  
 African American  Native Hawaiian or Other Pacific  
 Caucasian  Hispanic or Latino  Other

Foster child?  Yes  No  
Do you want services for this child?  Yes  No  
Living in your household?  Yes  No

