



Eligibility List (EL) Application

Parent(s) Information

Parent/Guardian 1

Parent/Guardian 2

First Name: _____

Middle Initial (MI): _____

Last Name : _____

Birth Date: Male Female

Male Female

Work Phone: _____

Cell/Message: _____

E-mail: _____

Married: Yes No

Yes No

Single Parent: Yes No

Yes No

Ethnicity: _____

Do you speak English: Yes No

Yes No

Are you a: Foster Parent Grandparent
 Teen Parent Migrant Worker
 Relative other than parent

Foster Parent Grandparent
 Teen Parent Migrant Worker
 Relative other than parent

Household Information

Address: _____ Apt. No. _____

City: _____

State: _____ County: _____

Zip Code: _____

Home Phone: _____

Family Size: _____

CalWORKs (Welfare)

Who is currently participating in CalWORKs activities or receiving cash aid?

Parent Child None

Parent/Guardian 1

Parent/Guardian 2

Parent Child None

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 that 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

Employment/Training

Parent/Guardian 1

Parent/Guardian 2

Employer:	_____	_____
Address:	_____	_____
City :	_____	_____
State:	_____	_____
Zip:	_____	_____
County:	_____	_____
School:	_____	_____
Address:	_____	_____
City :	_____	_____
State:	_____	_____
Zip:	_____	_____
County:	_____	_____

Monthly Income

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

Parent/Guardian 1

Parent/Guardian 2

Work/Employment:	\$ _____	\$ _____
Child Support- Not TANF:	\$ _____	\$ _____
Spousal Support:	\$ _____	\$ _____
Foster Care:	\$ _____	\$ _____
CalWORKS State-Only/TANF:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____
Disability:	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____
Gross Monthly Family Income (before taxes):	\$ _____	\$ _____

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 EL.

1. First Name: _____
Middle Initial (MI): _____
Last Name: _____
Birth Date: _____
Ethnicity: Caucasian Hispanic or Latino Other
 African American Native Hawaiian or Other Pacific

Language: English: Spanish Other
District (if school age): _____
Gender: Male Female
Foster child? Yes No
Do you want services for this child? Yes No
Does this child have any special needs? Yes No

2. First Name: _____
Middle Initial (MI): _____
Last Name: _____
Birth Date: _____
Ethnicity: Caucasian Hispanic or Latino Other
 African American Native Hawaiian or Other Pacific

Language: English: Spanish Other
District (if school age): _____
Gender: Male Female
Foster child? Yes No
Do you want services for this child? Yes No
Does this child have any special needs? Yes No

3. First Name: _____
Middle Initial (MI): _____
Last Name: _____
Birth Date: _____
Ethnicity: Caucasian Hispanic or Latino Other
 African American Native Hawaiian or Other Pacific

Language: English: Spanish Other
District (if school age): _____
Gender: Male Female
Foster child? Yes No
Do you want services for this child? Yes No
Does this child have any special needs? Yes No

4. First Name: _____
Middle Initial (MI): _____
Last Name: _____
Birth Date: _____
Ethnicity: Caucasian Hispanic or Latino Other
 African American Native Hawaiian or Other Pacific

Language: English: Spanish Other
District (if school age): _____
Gender: Male Female
Foster child? Yes No
Do you want services for this child? Yes No
Does this child have any special needs? Yes No

5. First Name: _____
Middle Initial (MI): _____
Last Name: _____
Birth Date: _____
Ethnicity: Caucasian Hispanic or Latino Other
 African American Native Hawaiian or Other Pacific

Language: English: Spanish Other
District (if school age): _____
Gender: Male Female
Foster child? Yes No
Do you want services for this child? Yes No
Does this child have any special needs? Yes No

Program Care Requested

(Please check all that apply)

Are you looking for a specific program, provider, or location? Yes No Please list: _____

First available program

Additional Comments: _____

By signing below, I verify that all the information provided in this application is true and correct.

Parent/Guardian Signature: _____ Date: _____

Please note that information in this application will be entered on the EL for Riverside County, which is accessible by any agency receiving state funding. Data, without names, is shared with the State of California for reporting purposes.

**Should you have any questions, please contact (800) 442-4927
Please return the completed application via FAX [951] 826-4478 or
by mail: Riverside County Office of Education
Eligibility List
P.O. Box 868
Riverside, CA 92502-0868**