

24 Hour Oakland Parent Teacher Children Center Inc.  
 4700 International Blvd.  
 Oakland, CA 94601

Date: \_\_\_\_\_

First Name		Last Name		M.I.	
Home Phone	Alternate Phone	Work Phone	Date of Birth		
Relationship to Child		Martial Status	Preferred Written Language		
Ever a CalWorks Recipient?		Have You received Diversion? (Diversion:One-time payment issued to CalWORKS Applications)		If yes, date end or date payment received	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PARENT/GUARDIAN #1</b>					
First Name		Last Name		M.I.	
Home Phone	Alternate Phone	Work Phone	Date of Birth		
Relationship to Child		Martial Status	Preferred Written Language		
Ever a CalWorks Recipient?		Have You received Diversion? (Diversion:One-time payment issued to CalWORKS Applications)		If yes, date end or date payment received	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>HOUSEHOLD INFORMATION</b>					
Street Address		City	State	Zip Code	County
Family Size: Number of adults and children related by blood, marriage or adopton living in the household					
<b>REASON FOR NEEDING CARE (check all that apply)</b>					
		Parent/Guardian #1	Parent/Guardian #2		
Working	Zip Code of Employment	<input type="checkbox"/>	<input type="checkbox"/>		
Education or Trainging	Zip Code of School/Training	<input type="checkbox"/>	<input type="checkbox"/>		
Medically Incapacitated/Disabled		<input type="checkbox"/>	<input type="checkbox"/>		
Actively seeking employment		<input type="checkbox"/>	<input type="checkbox"/>		
Homeless/Seeking permanent housing		<input type="checkbox"/>	<input type="checkbox"/>		
Seeking part-Day Educational Preschool		<input type="checkbox"/>	<input type="checkbox"/>		
Agricultural or migrant worker		<input type="checkbox"/>	<input type="checkbox"/>		

**MONTHLY INCOME AND SOURCES**

(Enter total dollars, before taxes and deductions, for each source of income for parents/guardians in the household)

<b>GROSS MONTHLY INCOME</b>	Parent #1	Parent #2
Employment salary or wages/selfemployment income (before taxes)	\$	\$
Cash Aid (CalWORKS)	\$	\$
Child/Spousal support that you receive	\$	\$
Unemployment Benefits	\$	\$
Worker's Compensation	\$	\$
Disability	\$	\$
Other Income (please describe):	\$	\$

**CHILDREN LIVING I THE HOME**

First Name	Last Name	Date of Birth

**Does your child have any Special Needs?**

<input type="checkbox"/> No Special Needs	<input type="checkbox"/> IEP (Individual Education Plan)	<input type="checkbox"/> IFSP (Individual Family Service Plan)	<input type="checkbox"/> Other
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<b>Is your child currently enrolled in subsidized child care?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?	<b>Is your child proficient in English:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Services Needed: (Check all that apply)**

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Preschool <input type="checkbox"/> Evenings <input type="checkbox"/> Overnight <input type="checkbox"/> Weekends <input type="checkbox"/> No Services Needed
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**Preferences for child care**

Preferred Program	Preferred Provider	Preferred Zip Code of Service
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	(Individual Education Plan)	(Individual Family Service Plan)		
<b>Is your child currently enrolled in subsidized child care?</b>			<b>Is your child proficient in English:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
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<b>Preferences for child care</b>				
Preferred Program		Preferred Provider		Preferred Zip Code of Service

\* Please remember this is only an application for the Centralized Eligibility List for subsidized child care. This application does not guarantee the Centralized Eligibility List with any participating agency providing subsidized child care in Alameda County.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this application by mail, fax or in person to:**

24 Hour Oakland Parent Teacher Children Center Inc.  
4700 International Blvd.  
Oakland, CA 94601

Fax No. 510-534-9140

