



# ***NOW TAKING APPLICATIONS!***

NEED HELP PAYING FOR CHILD CARE?

*ARE YOU...*

WORKING OR SEEKING EMPLOYMENT?  
GOING TO SCHOOL OR IN A TRAINING PROGRAM?  
CURRENTLY A CASH AID RECIPIENT OR HAVE  
YOU RECEIVED IT IN THE LAST 24 MONTHS?  
A FEDERALLY RECOGNIZED TRIBAL MEMBER?  
HOMELESS, SEEKING HOUSING, INCAPACITATED,  
AT RISK OR IN FOSTER CARE?

DOES YOUR INCOME QUALIFY?

See Below to Find Out

Family Size	Family Monthly Income
1-2	\$6,008
3	\$6,842
4	\$7,941
5	\$9,211
6	\$10,482

For more information:

Call Lassen Child and Family Resources at (530) 257-9781

Or Visit Us At 472-013 Johnstonville Road, N., Susanville



## HOW DO I QUALIFY FOR SUBSIDIZED CHILD CARE PAYMENTS?

There has to be need – parent or guardian working or going to school. There are other ways to qualify. Call to find out more!

- ❖ Parent or guardian on cash aid
- ❖ Parent or guardian has been on cash aid in the last two years
- ❖ Parent or guardian has a tribal card and referral
- ❖ Parent or guardian's check stub gross amount is below the state allotted amount-a family of 4 can make up to \$6,719 per month and still qualify!

### **Stage One Child Care Cash Aid Recipient**

**If you are currently receiving cash aid**, please contact your Lassen Works case worker, and ask them to fax the following information to the CFR Office. Fax # 257-2407

- **Copy of your Passport to Services**
- **Copy of your Welfare to Work Plan**
- **Child Care Referral**

Once Child & Family Resources office receives this document, make appointment regarding your enrollment in a subsidized child care program.

### **Stage Two Child Care**

**If you have collected cash aid within the last 24 months**, please contact your CalWORKS office and ask them to fax the following information to Referral Specialists at the Child and Family Resources (CFR) office. Fax (530) 257-2407

- **Copy of your Passport to Services that includes the date of the last cash aid check that you received.**

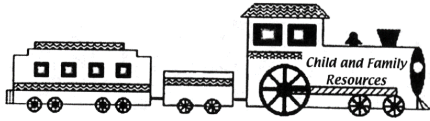
Once Child & Family Resources receives this document, make an appointment an appointment to determine your eligibility for a subsidized child care program.

### **All clients will need to bring to their appointment:**

- Birth Certificate(s) for the child(ren)
- Two Most Recent Pay Stubs
- Verification of Child Support Received or Paid

### **If you are a student, the additional information is required from the college or training institution:**

- Training Verification Form (CFR form) signed and stamped by the Registrar
- Copy of school schedule signed and stamped by Registrar
- Copy of Educational Plan from School Counselor



## CFR Subsidized Child Care Application

*Please be sure to complete both FRONT and BACK*

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

**Applicant's Name:** \_\_\_\_\_

**Physical/Mailing Address:** \_\_\_\_\_

**Phone number:** (     ) \_\_\_\_\_ **email address** \_\_\_\_\_

**Are you currently working or attending school? Y or N**    *Work or School*

**If so where?** \_\_\_\_\_ **Gross Monthly income?** \_\_\_\_\_

**Is there another parent in the home? Y or N**

**Other Parent's Name:** \_\_\_\_\_

**Is other parent working or attending school? Y or N**    *Work or School*

**If so where?** \_\_\_\_\_ **Gross Monthly income?** \_\_\_\_\_

*Please circle Y or N*

**Are you homeless? Y or N**    **Is this a CPS case? Y or N**

**Are you a Tribal member? Y or N**

**Are you or the child a foster child? Y or N**

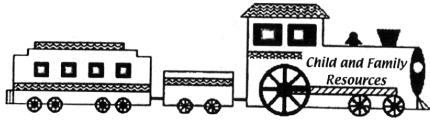
**Are you currently receiving cash aid? Y or N**

**Have you received cash aid in the last 24 months? Y or N**

**Are you or the other parent in the home paying or receiving any child support? Y or N**

**If yes, how much?** \_\_\_\_\_

**Marital Status: Married or Single**



# Lassen Child and Family Resources



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472-013 Johnstonville Road North • Susanville, CA 96130-8752 \* (530) 257-9781 FAX (530) 257-2407

**Names and Birthdates of ALL children in the household under the age of 18:**

**Please indicate which children are in need of care by circling the number next to their name.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

**Who will be providing care?** \_\_\_\_\_

**Family size** \_\_\_\_\_

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**CFR STAFF USE ONLY**

\_\_\_\_\_  
**Update**

\_\_\_\_\_  
**Update**

\_\_\_\_\_  
**Update**



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## ***-Please include with this application-***

- **All children's Birth Certificates**
- **All children's shot records**
- **2 months of pay stubs (for both parents if applicable)**
- **Employment verification form (for both parents if applicable)**

**If you are going to school or not employed, please contact us for other forms that need to be completed.**

**If you are receiving cash aid (NOT FOOD STAMPS) Please provide us with a referral and a passport to services.**

**If you have been on cash aid in the last 24 months we need the referral and a passport showing the last month you received aid.**

**ONCE WE HAVE ALL OF THE FORMS WE NEED, YOUR APPLICATION WILL BE REVIEWED AND YOU WILL BE CONTACTED BY ONE OF OUR ENROLLMENT SPECIALISTS, EITHER JAMIE SCHULTZE OR TEANNA DAY.**