



Lassen Child and Family Resources

A division of Lassen County Office of Education



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

SUBSIDIZED CHILD CARE APPLICATION PACKET

In this packet you will find:

- 1. The application***
- 2. An employment verification form***
- 3. Child support form***

When you turn in the packet, you will need to include:

- **All children's Birth Certificates (under the age of 18)**
- **All children's shot records (to match the birth certificates)**
- **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, food stamps, WIC or Medi-Cal:

Please provide us with a referral and a passport to services or any other proof that you qualify for these programs.

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.

If you are a registered, federally recognized tribal member you will need to fill out a referral for SIR along with this application.

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.

Lassen Child & Family Resources

Subsidized Child Care Application

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ **Email:** _____

2nd Parent

Full Name: _____
Last First M.I.

Phone: _____ **Email:** _____

Are you on Cash Aid? YES NO Are you homeless? YES NO

Are you receiving food stamps? YES NO Is this a CPS case? YES NO

Are you on WIC? YES NO Are you working? YES NO

Are you on Medi-Cal? YES NO Is 2nd parent working? YES NO

Are you or 2nd parent a registered tribal member? YES NO Are you or 2nd parent active military? YES NO

Are you going to school? YES NO Is 2nd parent going to school? YES NO

Marital Status: Married Single Do you receive or pay Child Support? _____ How Much? _____

Education Parent #1

School: _____ **Address:** _____

Employment Parent #1

Company: _____ **Phone:** _____
Gross Monthly Income: _____ **Supervisor:** _____

Education Parent #2

School: _____ **Address:** _____

Lassen Child & Family Resources
Subsidized Child Care Programs
Parent Self-Certification of Child Support

Parent's Name: _____

Child's Name: _____

Child support agreement:

- Court Ordered (please provide proof) How much and how often _____
- Voluntary Payment
- I am not receiving child support at this time, last date was _____
- I have never received child support

Child's Name: _____

Child support agreement:

- Court Ordered (please provide proof) How much and how often _____
- Voluntary Payment
- I am not receiving child support at this time, last date was _____
- I have never received child support

Child's Name: _____

Child support agreement:

- Court Ordered (please provide proof) How much and how often _____
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Child's Name: _____

Child support agreement:

- Court Ordered (please provide proof) How much and how often _____
- Voluntary Payment
- I am not receiving child support at this time, last date was _____
- I have never received child support

I certify under penalty of perjury that the above information is true and accurate

Parent Signature: _____ Date: _____

Lassen Child & Family Resources

Authorization to Release Employment Verification for Employed Parent

To Be completed by the PARENT

Your Name: _____

Where do you work: _____

Address of business: _____

Supervisor's name: _____ Phone number: _____

Fax number: _____ Usual Business Hours: _____

I hereby authorize employer to release information regarding my employment. I also give permission to Child & Family Resources' authorized representative to contact my employer for any clarification regarding the information on this form.

Parent Signature

Date

To be Completed by the EMPLOYER

First date of employment: _____

Employment Schedule: Regular work hours Varied work hours

Please specify ALL possible hours (start and end times, exp. 8:00 a.m.-5:00 p.m.) that the employee may work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Rate of pay: _____ per hour, week, month tips and other compensation _____

Potential for overtime: Yes or No Pay period: daily, weekly, monthly, bi-monthly

Employer Signature _____ Date _____

Office Use Only

The above information was verified via phone by _____ (print name)

CFR Staff Signature _____ Date _____