

Los Angeles Centralized Eligibility List
A Program of the County of Los Angeles Child Care Planning Committee

Registration Form

Introduction

The County of Los Angeles Child Care Planning Committee (CCPC) has created the Los Angeles Centralized Eligibility List (LACEL) to help connect low-income families with child care and development subsidies as child care spaces and funding become available. By completing this form, you are registering on the LACEL. The information you provide on this form will help determine your eligibility for a child care subsidy. Registration on the LACEL allows a child care and development program to contact you if and when a subsidized child care space becomes available. At that time, the program staff will verify the information you provided on this form to make sure you are eligible before you are invited to enroll your child. All information is handled confidentially.

For more information on the LACEL, please contact the County of Los Angeles Office of Child Care at (213) 974-1664 or visit the web site at www.lacountychildcare.org.

COMPLETE BOTH SIDES OF FORM		Application Date:	
Parent/Guardian #1 Information			
Last name:		First name:	
Street address:		City:	Zip Code:
Home phone:	Work/other phone:	Primary language:	
Name of employer/school:		Work/school zip code:	
Indicate if your household is a <input type="checkbox"/> Single parent family <input type="checkbox"/> Two parent family			
Parent/Guardian #2 Informaton <i>(Complete only if there is another parent/guardian residing in the same home.)</i>			
Last name:		First name:	
Name of employer/school:		Work/school zip code:	Work/other phone:
Reason for Needing Child Care <i>(Check all that apply.)</i>			
	Parent/Guardian #1	Parent/Guardian #2	
Working	<input type="checkbox"/>	<input type="checkbox"/>	
Attending School or Job Training	<input type="checkbox"/>	<input type="checkbox"/>	
Medically Incapacitated/Disabled	<input type="checkbox"/>	<input type="checkbox"/>	
Looking for Work	<input type="checkbox"/>	<input type="checkbox"/>	
Homeless/Seeking housing	<input type="checkbox"/>	<input type="checkbox"/>	
Migrant Worker	<input type="checkbox"/>	<input type="checkbox"/>	
Part-day educational preschool experience for child	<input type="checkbox"/>	<input type="checkbox"/>	
CalWORKs Participation <i>(Cash aid)</i>			
Are you currently receiving cash aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO , have you received cash aid within the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES , last date of cash aid payment: _____ / _____ / _____	

Monthly Income and Sources <i>(Enter total dollars, before taxes and deductions, for each source of income for parents/guardians in the household.)</i>			Parent/Guardian #1	Parent/Guardian #2	
Work/Employment	\$		\$		
Child Support	\$		\$		
Spousal Support	\$		\$		
State Disability	\$		\$		
Unemployment benefits	\$		\$		
Sales/Work Commissions	\$		\$		
Cash Aid (CalWORKs)	\$		\$		
Worker's Compensation	\$		\$		
Social Security	\$		\$		
SSI/SSP	\$		\$		
Other (explain):	\$		\$		
Children Living at Home <i>(All children under 18 who are members of the family. Attach an additional page, if needed.)</i>					
First and Last Name	Gender	Date of Birth	Check only if child care is needed.		
			Full-time	Part-time	Evenings /Weekends
1.	F M		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	F M		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	F M		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Care Payments					
Are you currently receiving foster care payments for any of the children listed above? Check which child and write the monthly amount.					
<input type="checkbox"/> Child # 1 \$ _____ <input type="checkbox"/> Child # 2 \$ _____ <input type="checkbox"/> Child # 3 \$ _____					
Special Needs <i>(Check all that apply)</i>					
			Child # 1	Child # 2	Child # 3
Child Protective Services			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child has IFSP (Individual Family Service Plan) or IEP (Individual Education Plan)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child receives services through Regional Center or the local School District			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social emotional/behavior			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ongoing health problems			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental delays			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech/communication			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision or hearing			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <i>(please explain)</i> :			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Location or Program <i>(List below your preferred zip code location, if different from home or work. You may list the name of the program you prefer for your child.)</i>					
Child #1	Zip Code:	Name of Program/Agency:			
Child #2	Zip Code:	Name of Program/Agency:			
Child #3	Zip Code:	Name of Program/Agency:			
School Age Children <i>(Complete for school age children only.)</i>					
Child #1	Grade:	Name of School/School District:			
Child #2	Grade:	Name of School/School District:			
Child #3	Grade:	Name of School/School District:			