Confidential Application for Child Development Services and Certification of Eligibility

Form CD 9600, Page 1, (REV 08/16)

Agency Name: _____
Family Identification/Case No.: _____
Initial Subsidized Service Date: _____
Type of Application: (Check one)   Initial ☐ Recertification ☐

Note: State regulations require a formal application and certification for child development services. You will receive written notice of your eligibility no later than 30 days from the date of your signature on this form. Eligibility is determined on the basis of need for child development services and either CalWORKS status or adjusted gross monthly income in relation to family size. This form must be completed by an agency representative in consultation with the family. Refer to the instructions for the completion of this form.

Section I. Family Identification. If you are a single parent/caretaker, check this box: ☐ See Instructions, Section I.

Name of parent/caretaker (full name, including middle initial) A	Social Security Number - parent A* (See instructions.)	Gender	Phone no. (home)	Phone no. (work/school)
Name of parent/caretaker (full name, including middle initial) B	Gender		Phone no. (home)	Phone no. (work/school)

Street address	City	State	Zip	FIPS code

Section II. Family Eligibility and Reason for Needing Service

A. Family Eligibility Status (check as many as apply)

	Protective Services		Current Aid Recipient		Income Eligible		Homeless	Programs for the severely handicapped

B. Reason for Needing Service. Indicate all the reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/caretaker listed above. Attach documentation. (This section does not apply to part-day state preschool programs or programs for severely handicapped.)

Parent/ Caretaker	Reason for Needing Service	Parent/ Caretaker	Reason for Needing Service	Parent/ Caretaker	Stages 1, 2, and 3 CalWORKs recipients only	
	Child protective services		Education or training		CalWORKS activities	Date parent became ineligible for aid:
	Parent/caretaker incapacitated because of medical or psychiatric special needs		Actively seeking employment		Diversion	Date: _____
	Working		Seeking permanent housing		Record date of entry into each stage: Stage 1_____ Stage 2_____ Stage 3_____	

C. Employment/Training Information. Must be completed for each adult listed in Section I above to document need on the basis of employment or training. (Attach documentation)

Parent/ Caretaker	Employer/School	Street Address	City	Zip
A				
A				

Days and working/ training hours:	From: To:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Parent/ Caretaker	Employer/School	Street Address	City	Zip
B				
B				

Days and working/ training hours:	From: To:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Section III. Family Adjusted Gross Monthly Income and Size

A. Family monthly income. The family's adjusted monthly income from all sources (Attach verification and documentation.): $_____

B. Family income sources (Check all that apply. Do not count the gray shaded areas in Section III. A above.) **Black shaded boxes for CalWORKs recipients only.**

C. Family size (See "Funding Terms and Conditions" for instructions on calculating family size.): _____

	Employment, including self-employment		Other federal cash income programs (such as SSI)
	Child support		Housing voucher or cash assistance
	Cash or other assistance under Title IV of the Social Security Act (TANF)		Assistance under the Food Stamps Act of 1977
	State-only alien and two-parent programs for CalWORKs recipients		Other

Section III B is for federal data collection purposes only and does not need to be completed before the provision of child care services.

Confidential Application for Child Development Services and Certification of Eligibility

CD 9600 Page 2 (REV. 08/16)

Section IV. Data on Children. List all children residing in the home and counted in the family size.

Complete for all children residing in the home			Complete only for children served by your agency					For children enrolled in more than one program or site, use additional lines as needed		
(1) Full Name of Child Including Middle Initial	(2) Gender (M / F)	(3) Birth Date MM/DD/YYYY	(4) Adjustment Factor Code	(5) Ethnicity	(6) Race	(7) Native Language — Language Code / Is child limited English Proficient?	(8) Program Code	(9) Type of Care Code	(10) Hours of Care per Day	(M / T / W / TH / F / SAT / SUN)
									S	
								Provider/site name:	V	
									S	
								Provider/site name:	V	
									S	
								Provider/site name:	V	
									S	
								Provider/site name:	V	
									S	
								Provider/site name:	V	
									S	
								Provider/site name:	V	

Section V. Certification and Signature of Parent/Caretaker.

1. I understand that I am self-certifying single parent status under penalty of perjury in Section 1 of this document when the single parent/caretaker box has been checked. Parent Initials: _____
2. I will notify the agency within 5 calendar days of any change in my family income, family size, or reason for needing child development services.
3. I understand that the information about my eligibility may be reviewed by representatives of the State of California, the federal government, independent auditors, or others as necessary for the administration of the program.
4. I understand that if the agency denies this application for services, I have the right to appeal.
5. I understand that I must renew my eligibility at least once a year or 3 months for at-risk. I further understand that if I do not renew my eligibility, I will no longer be eligible for subsidized child care services for my child.
6. I understand that I will receive a notice of approval or disapproval of my application within 30 days from the date I sign this form.
7. I understand that this certification is not complete until all documentation is submitted and this form has been reviewed, signed, and dated by an agency representative and signed and dated by me.
8. I certify that my family assets do not exceed $1,000,000; Child Care and Development Block Grant Act Section 658 P (4)(B).

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signature A _____ Date _____
Relationship to Child: ☐ Parent ☐ Grandparent ☐ Guardian ☐ Foster Parent ☐ Other: Please describe _____

Signature B _____ Date _____
Relationship to Child: ☐ Parent ☐ Grandparent ☐ Guardian ☐ Foster Parent ☐ Other: Please describe _____

Section VI. Family Fee (Refer to fee schedule.).

Type of Fee	Flat Monthly Fee Rate (See the instructions for Section VI.)	
☐ Full-time	Flat Monthly Rate: $	Specifics:
☐ Part-time	Flat Monthly Rate: $	Specifics:

Section VII. For Office Use Only. (Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative.)

	Date Notice of Action Sent (Attach copy)	Date Notice of Action Given (Attach copy)	First date of subsidized service	Last date of enrollment
Eligibility Status ☐ Accepted ☐ Denied				
Signature of Authorized Agency Representative	Title		Telephone number	Date
Signature of Supervisor (Optional)	Title		Telephone number	Date

Instructions for Completing Form CD 9600:
Confidential Application for Child Development Services and Certification of Eligibility

Form CD 9600 (or documentation containing the same information) must be completed and signed by the parent and an agency representative before the child enters the child development program. Families must notify the agency within 5 calendar days of any change in my family income, family size, or reason for needing child development services. If such changes occur, agency staff must update the certification. Notification of changes are not required for part-day state preschool or severely handicapped programs. All certification forms and documentation must be maintained in the family file.

Social Security Number (SSN) Collection Consent

Form CD 9600A, the Child Care Data Collection/Privacy Notice and Consent Form, must be completed and signed by all heads of households in all CDE- funded programs. If the head of household gives consent to use their SSN, the SSN should be inserted on the CD 9600. If the head of household does not give consent, leave the SSN space blank on the CD 9600. In "family of one" situations the SSN will not be collected; therefore, completion of the CD 9600A is not required. When completed, attach the CD 9600A to the CD 9600.

* The social security number is to be listed only for heads of households who have given consent on form CD 9600A. In all cases, a CD 9600A must be completed and signed by the head of household and attached to the CD 9600. In "family of one" situations, no SSN is required and no CD 9600A will be completed.

Agency Name: Insert the name of the agency providing or funding child care services in this space.

Family Identification/Case Number: This is an optional field and can be used if the agency assigns an identification or case number to each family.

Initial Subsidized Service Date: This is the earliest month and year that the child(ren), as listed on this CD 9600, first started receiving subsidized child care services from your agency. **Every CD 9600 must have a month and year entered in this field.** This information is for data reporting purposes. If there is a break of three months or more, enter the month child care resumed. If there is a break of less than three months (vacation, for example), enter the original date assistance began, not the date it resumed.

Type of Application: Check the box after "Initial" if this is the first application taken by the agency named on this CD 9600. Check the box after "Recertification" if this is the second or later application taken by the agency listed on this CD 9600.

Section I. Family Identification

Note: If family size includes more than two adults, complete Sections I, II, and III of a second CD 9600 and attach it to the complete CD 9600. You may also use a second CD 9600 to record additional employers or training institutions for the parents listed under A and B in Section I.

If the child lives with only one parent/caretaker who is legally/financially responsible for the child, check the box on the line next to **Section I.**

A. *Information on parent/caretaker A.* For the first adult living in the same household as the child(ren), complete all items in Section I, including address information. For the purposes of these instructions and the certification of eligibility, a parent/caretaker shall be a person who has responsibility for the child. Thus, "parent/caretaker" could refer, for example, to a biological parent, a stepparent, a grandparent, a foster or adoptive parent, or a legal guardian. For SSN information, see above.

FIPS Code. See the "FIPS Codes" section on page three of these instructions to determine the FIPS Code that identifies the state and county where the parent/caretaker lives.

B. *Information on parent/caretaker B*. If a second parent/caretaker lives in the same household as the child and is included in the calculation of family size, complete all items in Section I B.

Section II. Family Eligibility and Reason for Needing Service

A. *Family eligibility status.* Check all eligibility categories for which the family qualifies.

B. *Reason for needing service.* For each parent/caretaker or other adult included in the family size, note with an "A" or "B" all of the reasons for needing services and attach the appropriate documentation. Identify the <u>main</u> reason for needing service with an asterisk if there is more than one reason. Do not complete this section for part-day state preschool or severally handicapped.

CalWORKs recipients only: This box is to be completed for **all** CalWORKs recipients receiving services in Stages I, 2, or 3.

- If a parent/caretaker is completing CalWORKs activities, enter "A" and/or "B" in the box labeled "CalWORKs Activities."
- If a parent/caretaker has received a diversion payment, enter "A" and/or "B" in the box labeled "Diversion."
- In the box labeled "Record date of entry into each stage," enter the initial date of entry into each stage.
- **For Stage I or II families no longer eligible for CalWORKs aid, enter the date the parent became ineligible for aid in the box labeled "Date parent became ineligible for aid."**

C. *Employment/training information*. For each parent/caretaker, enter the name and address of the employer or the institution of training or education, as appropriate. Do not complete this section for part-day state preschool or programs for severely handicapped.

Days and working/training hours. Note the beginning and ending hours for each day that the parent is employed or in a training program.

Section III. Family Adjusted Gross Monthly Income and Size

A. *Family monthly income.* Enter the family's total adjusted gross monthly income from all sources. All income must be verified.

B. *Family income sources.* Check each box to identify all sources of family income. These include sources of income that are <u>not</u> counted for eligibility determinations.

- The black shaded boxes are to be completed for CalWORKs recipients only. County welfare departments will identify whether a CalWORKs recipient is receiving CalWORKs benefits under the State-only alien program or the state-only two-parent program. These two programs count toward Temporary Assistance to Needy Families Maintenance of Effort.
- The gray shaded boxes are not to be counted in the family's total adjusted monthly income.

Instructions for Completing Form CD 9600:
Confidential Application for Child Development Services and Certification of Eligibility

Section III. Family Adjusted Gross Monthly Income and Size (Continued)

> Section III B is for federal data collection purposes and does not need to be completed before the provision of child care services.
>
> **C.** *Family Size.* Enter the total family size, including (1) all parent(s)/caretaker(s) listed on the CD 9600; (2) all children named in Section V; (3) any adult listed on a second CD 9600; and (4) any children listed on a second CD 9600.

Section IV. Data on Children

Note: Complete columns 1 and 3 of this section for all children eighteen and under residing in the household. If needed, use a second CD 9600 to record more children.

1. *Name of child.* List all children residing in the in the household, eighteen and under, related by blood, marriage, or adoption to the parent(s)/caretaker(s) of the child(ren) being served.

2. *Gender.* Check the appropriate box in column 2 for each child receiving care through this certification.

3. *Birth date.* In column 3 enter the birth dates of all children listed in column 1 following this format: month/day/year.

4. *Adjustment factor code.* See the "Adjustment Factor Codes" section in these instructions to determine the adjustment factor code that should be entered in column 4. If no adjustment factor is used, leave this box blank.

5. *Ethnicity.* Enter a "Y" if the child is Hispanic or Latino. Otherwise, enter an "N".

6. *Race:* See the "Race Codes" section in these instructions to determine the race code(s) that should be entered in column 6. At least one code must be entered, but you may enter all codes that apply for each child.

7. *Native language.* See the "Native Language Codes" section in these instructions to determine the native language code that should be entered in column 7. Use only those native language codes provided. Report the child's primary language. Indicate whether or not the child is limited English proficient with a check mark in column 7. This column must be completed if you claim LEP reimbursement for this child.

8. *Program code.* See the "Program Codes" section in these instructions to determine the program code(s) that should be entered in column 8. Enter one code per line for each child receiving child care services through this certification. If the child(ren) is enrolled in more than one program or with more than one provider, use additional lines to record this information in columns 8 and 9 for each child.

9. *Type of care and relationship to child.* See the "Type of Care Codes" section in these instructions to determine the type of care code(s) that should be entered in column 9. Enter the provider or site name in the space provided.

10. *Hours of care per day.* Enter the amount of child development services needed each day in column 9. Use the upper line (marked "S") to indicate the amount of care needed during the school session; use the lower line (marked "V") to indicate the amount of time needed during vacations. For preschool-age children, use only the upper line to record the amount of care needed.

Section V. Certification and Signature of Parent/Caretaker

Read and explain the conditions of eligibility and need to the parent/caretaker and make sure he or she understands them before signing the application. Parents must initial item 1 of Section V if self-certifying by checking the box in Section I. Before the agency representative signs the form, the parent/caretaker completing the application must sign and date the form and indicate his or her relationship to the child. At least one signature is required on the application, two parent signatures are optional.

Section VI. Family Fee

Monthly Flat Rate.-Use the most current effective Family Fee Schedule issued by the Early Education and Support Division. Assess the Family Fee according to the family size, total countable income, and number of hours for the child(ren) in the program with the longest hours.

> **Full-time Fee**: Assess a Full-time fee for certified need of 130 hours or more per month.
>
> **Part-time Fee**: Assess a Part-time fee for certified need of less than 130 hour per month.

If applicable, the field labeled "specifics" should be used to explain determination of fee.

Section VII. For Office Use Only

> The agency representative must complete the items in this section. The certification is not complete until it is signed and dated by the agency representative.
>
> The "Signature of Supervisor" is an optional field and is not required.

Completing the Form

> Follow these procedures once you have completed the family's certification:
>
> A. File the completed form in the family file.
>
> B. If the family has a new or updated certification, add it to the family file. Do not remove the earlier applications.

Instructions for Completing Form CD 9600:
Confidential Application for Child Development Services and Certification of Eligibility

Section I. Family Identification

Federal Information Processing Standards (FIPS) Codes

The FIPS code consists of a state code, which is a two-digit number, and a county code, which is a three-digit number. The codes are California - 06, Arizona - 04, Nevada - 32 and Oregon - 41.

California County Codes are as follows:

001 Alameda	041 Marin	081 San Mateo
003 Alpine	043 Mariposa	083 Santa Barbara
005 Amador	045 Mendocino	085 Santa Clara
007 Butte	047 Merced	087 Santa Cruz
009 Calaveras	049 Modoc	089 Shasta
011 Colusa	051 Mono	091 Sierra
013 Contra Costa	053 Monterey	093 Siskiyou
015 Del Norte	055 Napa	095 Solano
017 El Dorado	057 Nevada	097 Sonoma
019 Fresno	059 Orange	099 Stanislaus
021 Glenn	061 Placer	101 Sutter
023 Humboldt	063 Plumas	103 Tehama
025 Imperial	065 Riverside	105 Trinity
027 Inyo	067 Sacramento	107 Tulare
029 Kern	069 San Benito	109 Tuolumne
031 Kings	071 San Bernardino	111 Ventura
033 Lake	073 San Diego	113 Yolo
035 Lassen	075 San Francisco	115 Yuba
037 Los Angeles	077 San Joaquin	
039 Madera	079 San Luis Obispo	

If the family resides outside California, list the state code only.

Section IV. Data on Children

Column 4: Adjustment Factor Codes

21	Infant	24	Severely disabled
22	Exceptional needs	25	Limited English proficient (LEP)
23	Child protective services	27	Toddler

Column 6: Race Codes

1	American Indian or Alaskan Native	2	Asian
3	Black or African American	4	Native Hawaiian or other
5	Caucasian		Pacific Islander

Column 7: Native Language Codes

11	Arabic	24	Hungarian	06	Portuguese
12	Armenian	25	Ilocano	28	Punjabi
42	Assyrian	26	Indonesian	29	Russian
13	Burmese	27	Italian	45	Rumanian
03	Cantonese	08	Japanese	30	Samoan
36	Cebuano (Visayan)	09	Khmer (Cambodian)	31	Serbian
54	Chaldean	50	Khmu	52	Serbo-Croatian
20	Chamarro (Guamanian)	04	Korean	01	Spanish
		51	Kurdish	46	Taiwanese
				32	Thai

Column 7 Native Language Codes (Continued)

39	Chaozhou	47	Lahu	53	Toishanese
14	Croatian	07	Mandarin (Putonghua)	33	Turkish
15	Dutch			38	Ukrainian
00	English	48	Marshallese	35	Urdu
16	Farsi (Persian)	44	Mien	02	Vietnamese
17	French	49	Mixteco	55	Other Languages of China
18	German	88	Native American Languages		
19	Greek			66	Other Languages of the Philippines
43	Gujarati	40	Pashto		
21	Hebrew	05	Pilipino (Tagalog)	99	Other non-English
22	Hindi				
23	Hmong	41	Polish		

Column 8: Program Codes (Contract Prefix)

For current contract program codes and contract prefixes, access the Child Care and Development Contract Program Types Web page at http://www.cde.ca.gov/sp/cd/ci/ccdprogramtypes.asp.

Column 9: Type of Care Codes

02	Licensed family child care home
03	Licensed large family child care home
04	Licensed center-based care
05	License-exempt in-home (child's) care provided by a relative
06	License-exempt in-home (child's) care provided by a nonrelative
07	License-exempt care provided outside child's home by a relative
08	License-exempt care provided outside child's home by a nonrelative
11	License-exempt center-based care

California Department of Education

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