

## Confidential Application for the California State Preschool Program

This form must be completed by an agency representative in consultation with the family and should be completed in the preferred language of the family or with a translator. You will receive written notice of your eligibility no later than 30 days from the date of your signature on this form. The agency must verify and certify family eligibility prior to beginning services. **Refer to the attached instructions for directions on how to complete this form on [page 10](#).**

Agency Name:

Family Identification Case Number:

Initial Subsidized Service Date:

Type of Application (Select one):

Initial

Recertification

Pilot Program (Select one):

Yes

No

Parent/Guardian preference of receiving official communication (Select one):

Mail

Email

### Section I. Family Identification

Are you a single Parent/Guardian? (Select one)

Yes

No

#### Parent/Guardian A: Contact Information

First Name:

Middle Name:

Last Name:

Phone Number:

Email Address:

Street Address:

City: State:

Zip Code:

FIPS Code:

**Parent/Guardian B: Contact Information**

First Name: Middle Name:

Last Name:

Phone Number:

Email Address:

Same address as Parent/Guardian A

Street Address:

City: State:

Zip Code:

FIPS Code:

**Section II. Eligibility**

Select all that apply:

Protective Services/At-risk (Child Eligibility)

Current Aid Recipient

Experiencing Homelessness

Child(ren) with Disabilities (Child Eligibility)

Means Tested Government Program(s)

Income Eligible

Neighborhood School Eligibility

Up to 15% Over Income Threshold

Early TK Enrollment

**Section III. Reason for Needing Services (Full-Day CSPP Only)**

Select all the reasons for needing care. Enter "A" or "B" referring to parent/guardian listed in Section I.

Child(ren) is (are) recipient(s) of child protective services, or identified as being abused, neglected, or exploited or at risk thereof

Parent/guardian is incapacitated

Family is experiencing homelessness

Family is seeking permanent housing

Parent/guardian is employed

No Need

Parent/guardian is seeking employment

Neighborhood School Eligibility

Parent/guardian is enrolled in vocational training or educational program

## Section IV. Employment/Vocational Training/Education Program Information

### Parent/Guardian A: Employer/School Information

Employer or School:

Employer or School Phone Number:

Employer or School Address:

Employer or School City:

Employer or School ZIP Code:

### Parent/Guardian A Schedule

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### Parent/Guardian B: Employer/School Information

Employer or School:

Employer or School Phone Number:

Employer or School Address:

Employer or School City:

Employer or School ZIP Code:

**Parent/Guardian B Schedule**

<b>Day of the Week</b>	<b>Start Time</b>	<b>End Time</b>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Section V. Family Adjusted Gross Monthly Income and Size**

Family Monthly Income:

Family Size:

**Section VI. Data On Children Served in the Program**

List all children served in the program and counted in the family size.

**Child 1 Information**

Legal First Name:

Legal Middle Name:

Legal Last Name:

Birthdate:

Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) Status:

Yes

No

**Child 1 Hours of Care (School)**

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Child 1 Hours of Care (Vacation)**

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Child 2 Information**

Legal First Name:

Legal Middle Name:

Legal Last Name:

Birthdate:

IEP/IFSP Status:

Yes

No

**Child 2 Hours of Care (School)**

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Child 2 Hours of Care (Vacation)**

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Child 3 Information**

Legal First Name:

Legal Middle Name:

Legal Last Name:

Birthdate:

IEP/IFSP Status:

Yes

No

**Child 3 Hours of Care (School)**

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Child 3 Hours of Care (Vacation)**

Day of the Week	Start Time	End Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Section VII. Data On Children Not Served in the Program**

List all children residing in the home and counted in the family size, but not served by the program.

Full Name and Birthdate:

Full Name and Birthdate:

Full Name and Birthdate:

Full Name and Birthdate:

Full Name and Birthdate:

Full Name and Birthdate:

**Section VIII. Certification and Signature of Parent/Guardian**

I understand that I am self-certifying as single status under penalty of perjury in Section 1 of this document when the single parent/guardian box has been checked.

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.

I understand that if the agency denies this application for services, I have the right to appeal.

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.

I understand that this certification is not completed until all documentation is submitted and this form has been signed and dated by me and reviewed, signed, and dated by an agency representative.

I understand that I am certified as eligible to receive services and have met all eligibility and/or need requirements for not less than my 24-month certification period, at which point eligibility and/or need requirements shall be recertified.

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

Parent/Guardian A Printed Name:

Parent/Guardian A Signature:

Date:

Parent/Guardian B Printed Name:

Parent/Guardian B Signature:

Date:

**Section IX. For Office Use Only**

Certification is not complete until eligibility is reviewed, and this form is signed and dated by an agency representative.

Eligibility Status

Approved

Denied



Early Education Division (EED) 9600 Form

Date Notice of Action Sent/Provided (Attach a Copy):

First Date of Subsidized Service:

Last Date of Enrollment:

Signature of Authorized Agency Representative:

Title of Authorized Agency Representative:

Telephone Number:

Email Address:

Date:

Signature of Authorized Agency Representative:

Title of Authorized Agency Representative:

Telephone Number:

Email Address:

Date:

## Instructions for Completing Form EED 9600:

Form EED 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. All certification forms and documentation must be maintained in the family file.

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

**Family Identification Case Number:** A Family Identification Case Number (FICN) must be assigned to each family. Enter the unique FICN in the top box on page one of the form EED 9600.

**Initial Subsidized Service Date:** This is the earliest month and year that the child(ren), as listed on this EED 9600, were enrolled to receive subsidized preschool services from your agency. **Every EED 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 preschool resumed.

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

**Pilot Program:** Check the box "yes" if this is a pilot program by the agency name on this EED 9600. Check the box "no" if this is not a pilot program by the agency name in this EED 9600.

**Communication Preference:** Check the box if selecting mail or email.

### Section I. Family Identification

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

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

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

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

**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/guardian lives.

### Section II. Eligibility

Check the eligibility category for which the family/child qualifies and is enrolling under. If the family has more than one child and any of the children qualify for a child specific eligibility category, more than one eligibility category must be checked.

### **Section III. Reason for Needing Services (Full-Day CSPP Only)**

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

### **Section IV. Employment/Vocational Training/Education Program Information**

For each parent/guardian, enter the name, address, and phone number of the employer or the institution of training or education, as appropriate. Do not complete this section for part-day state preschool.

**Days and hours:** Record the beginning and ending hours for each day that the parent/guardian is employed in an education program or in a vocational training program.

### **Section V. Family Adjusted Gross Monthly Income and Size**

**Family Monthly Income:** Enter the family's total adjusted gross monthly income from all sources. All income must be verified. (Attach verification and documentation):

**Family Size:** Enter the total family size, including (1) all parent(s)/guardian(s) listed on the EED 9600; (2) all children named in Sections VI and VII; (3) any adult listed on an additional EED 9600; and (4) any children listed on a second EED 9600.

### **Section VI. Data on Children Served in the Program**

Complete all boxes of this section for all children eighteen and under residing in the household and being served by the program. If needed, use a second EED 9600 to record more children.

1. Legal name of child(ren). List all children included in the household size eighteen and under, for whom the parents/guardian(s) is responsible, and is being served by the program
2. List the Date of Birth of the child(ren) [month/day/year]
3. Indicate if the child(ren) have an IFSP/IEP

Hours of care per day. Enter the amount of service hours needed each day in the appropriate box. Use the box marked "School" to indicate the amount of care needed during the school session; use the box marked "Vacation" to indicate the amount of time needed during vacations. For preschool-age children, only use the "Vacation" box as applicable.

Note: When a child and his or her siblings are living in a household that does not include their biological, or adoptive parent(s), "family" shall be considered the child and related siblings. List only the children of this "family" who are eighteen and under.

### **Section VII. Data on Children Not Served by the Agency**

1. Name of child(ren). List all children included in the household size eighteen and under, for whom the parents/guardian(s) is responsible and are not being served by the program.
2. List the Date of Birth of the child(ren) [month/day/year]

**Section VIII. Certification and Signature of Parent/Guardian**

Read and explain the conditions of eligibility and need to the parent/guardian in items listed and make sure the parent/guardian understands them before signing the application. Parent/Guardian must initial item 1 of Section VIII, if self-certifying as a single parent by checking the box in Section I. Before the agency representative signs the form, the parent/guardian completing the application must sign and date the form. At least one parent/guardian signature is required on the application.

**Section IX. 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

**Federal Information Processing Standards (FIPS) Code**

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 State FIPS Codes are California - 06, Arizona - 04, Nevada - 32 and Oregon - 41.

The California FIPS County Codes are as follows:

California FIPS County Code	County Name
001	Alameda
003	Alpine
005	Amador
007	Butte
009	Calaveras
011	Colusa
013	Contra Costa
015	Del Norte
017	El Dorado

California FIPS County Code	County Name
019	Fresno
021	Glenn
023	Humboldt
025	Imperial
027	Inyo
029	Kern
031	Kings
033	Lake
035	Lassen
037	Los Angeles
039	Madera
041	Marin
043	Mariposa
045	Mendocino
047	Merced
049	Modoc
051	Mono
053	Monterey
055	Napa
057	Nevada
059	Orange
061	Placer
063	Plumas
065	Riverside
067	Sacramento

California FIPS County Code	County Name
069	San Benito
071	San Bernardino
073	San Diego
075	San Francisco
077	San Joaquin
079	San Luis Obispo
081	San Mateo
083	Santa Barbara
085	Santa Clara
087	Santa Cruz
089	Shasta
091	Sierra
093	Siskiyou
095	Solano
097	Sonoma
099	Stanislaus
101	Sutter
103	Tehama
105	Trinity
107	Tulare
109	Tuolumne
111	Ventura
113	Yolo
115	Yuba