

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)

<input type="checkbox"/>	Protective Services	<input type="checkbox"/>	Current Aid Recipient	<input type="checkbox"/>	Income Eligible	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Programs for the severely handicapped
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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
	Parent/caretaker incapacitated because of medical or psychiatric special needs		Actively seeking employment		Diversion
	Working		Seeking permanent housing		Date parent became ineligible for aid: Date: _____
					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.): _____

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

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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		(3) Birth Date MM/DD/YYYY	(4) Adjustment Factor Code	(5) Ethnicity	(6) Race	(7) Native Language		(8) Program Code	(9) Type of Care Code	(10) Hours of Care per Day							
	M	F					Lan- guage Code	Is child limited English Proficient?				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.

- | | |
|--|--|
| <p>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: _____</p> <p>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.</p> <p>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.</p> <p>4. I understand that if the agency denies this application for services, I have the right to appeal.</p> | <p>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.</p> <p>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.</p> <p>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.</p> <p>8. I certify that my family assets do not exceed \$1,000,000; Child Care and Development Block Grant Act Section 658 P (4)(8).</p> |
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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: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe _____
Signature: B _____ Date _____	Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: Please describe _____

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

Type of Fee	Flat Monthly Fee Rate (See the instructions for Section VI.)	
<input type="checkbox"/> Full-time	Flat Monthly Rate: \$ _____	Specifics:
<input type="checkbox"/> 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.)

Eligibility Status <input type="checkbox"/> Accepted <input type="checkbox"/> Denied	Date Notice of Action Sent (Attach copy)	Date Notice of Action Given (Attach copy)	First date of subsidized service	Last date of enrollment
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 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 or severely 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 not 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.

Note: For families whose schedules vary, enter the average enrollment hours needed for child care services each day. Attach a detailed schedule to reflect this average enrollment over a one-month period.

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. 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.

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 Pacific Islander
5 Caucasian	

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	09 Khmer	31 Serbian
(Visayan)	(Cambodian)	52 Serbo-Croatian
54 Chaldean	50 Khmu	01 Spanish
20 Chamorro	04 Korean	46 Taiwanese
(Guamanian)	51 Kurdish	32 Thai

Column 7 Native Language Codes (Continued)

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

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