

**CONFIDENTIAL APPLICATION FOR
CHILD DEVELOPMENT SERVICES AND
CERTIFICATION OF ELIGIBILITY
CD 9600 Page 1 (REV. 12/99)**

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	SSN - parent A * See instructions, Sec I. A.	Sex	Phone No. (Home)	Phone No. (Work/School)
Name of Parent/Caretaker: Full name including middle initial B		Sex	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 - Section II A does not need to be completed for School-Age Parenting and Infant Development (GSAP) applicants or for children served in Severely Handicapped programs-GHAN).

<input type="checkbox"/>	Protective Services (Attach Documentation)	<input type="checkbox"/>	Income Eligible (Attach Documentation)	<input type="checkbox"/>	Homeless (Attach parent's statement)
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B. Reason for Needing Service. Indicate all reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/caretaker listed above or "C" for the child. Attach documentation. (This section does not apply to State Preschool Programs - GPRE)

Parent/ Caretaker Child	Reason for Needing Service	Parent/ Caretaker	Reason for Needing Service	Parent/ Caretaker	Stages I, II, and III Set-Aside CalWORKs recipients only
	Child referred for protective services because of neglect, abuse, or exploitation, or risk thereof		Education or training		CalWORKS Activities Date family became ineligible for aid:
	Parent/Caretaker or child incapacitated due to 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 – Family's adjusted monthly income from all sources (Attach verification and documentation) \$ _____
 C. Family size (Refer to "Funding Terms and Conditions" for instructions on calculating family size.) _____
 B. Family Income Sources (Check all that apply - Do not count the grey shaded areas in Section III. A. above) **Black shaded boxes for CalWORKs recipients only.**

<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 prior to 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) SEX		(3) BIRTH DATE MM/DD/YYYY	(4) SPECIAL NEEDS CODE	(5) ETHNICITY	(6) RACE	(7) NATIVE LANGUAGE		(8) PROGRAM CODE	(9) TYPE OF CARE CODE	(10) HOURS OF CARE PER DAY										
	M	F					Language 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										

SECTION V. CERTIFICATION AND SIGNATURE OF PARENT/CARETAKER

1. I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.	5. I understand that I must renew my eligibility at least once per year (at least once every six months for protective services children). 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.
2. I will notify the agency immediately if there is any change in my income, family size, residence, employment, or reason for needing child development services.	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.
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.	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.
4. I understand that if the agency denies this application for services, I have the right to appeal.	
SIGNATURE _____ 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 (See fee schedule)

Type of Fee	Full Time	Part Time
A. Daily fee (if any)		
B. Hourly fee (if any)		

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 enrollment	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**

A 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. The certification must be renewed at least once per year (at least once every six months for protective service's children). Families must notify the agency immediately if there are changes in their family status, family size, income, residence, or need for child care. If such changes occur, agency staff must update the certification. Notification of changes, except residence, are not required for Preschool (GPPE), School-Age Parenting and Infant Development (GSAP) or Severely Handicapped (GHAN) programs. All certification forms and documentation must be maintained in the family file.

AGENCY NAME: Insert the name of the agency providing/funding child care services in this space.

FAMILY IDENTIFICATION/CASE NO.: 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 or more months, 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 the word "Initial" if this is the first application taken by the agency named on this CD 9600. Check the box after the word "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. A. 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.

* **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.**

FIPS Code. See the "FIPS Codes" section in 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. This section does not need to be completed for School-Age Parenting and Infant Development programs (GSAP) or for Severely Handicapped programs (GHAN).

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. If the child is incapacitated or severely handicapped, note a "C" in the appropriate box. Sections B and C do not apply to State Preschool programs (GPPE). Identify the main reason for needing service with an asterisk if there is more than one reason.

CalWORKs recipients only:

This box is to be completed for **all** CalWORKs recipients receiving services in Stages I, II, or III Set-aside.

- 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 family became ineligible for aid in the box labeled "Date family 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. This section does not apply to State Preschool (GPPE) or Severely Handicapped (GHAN) programs.

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. Child support received should not be included in any category.

- 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 TANF MOE.
- 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 prior to 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. Sex.** 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. Special Needs Code.** See the "Special Needs Codes" section in these instructions to determine the special needs code that should be entered in column 4.
- 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.

SECTION IV. DATA ON CHILDREN (Continued)

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

- A. Daily Fee.** Consult the fee schedule issued by the Child Development Division and enter the correct fee for the family size (Section III. C.) family income (Section III. A.), and amount of care required (Section IV, Column 10).
- B. Hourly Fee.** If you do not collect hourly fees, leave this area blank.

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.

SSN COLLECTION CONSENT

Form CD 9600A, 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.

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 of California, list the state code only.

SECTION IV. DATA ON CHILDREN

Column 4: Special Needs Codes

21 Infant	24 Severely Handicapped
22 Exceptional Needs	25 Limited English Proficient (LEP)
23 Child Protective Svs.	26 No special needs
	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 (Visayan)	09 Khmer (Cambodian)	31 Serbian
54 Chaldean	50 Khmu	52 Serbo-Croatian
20 Chamorro (Guamanian)	04 Korean	01 Spanish
39 Chaozhou (Chaochow)	51 Kurdish	46 Taiwanese
	47 Lahu	32 Thai
	10 Lao	53 Toishanese
		34 Tongan

Column 7: Native Language Codes (Continued)

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

Column 8: Program Codes (Contract Prefix)

GPRES:	State Preschool
GCTR:	General Child Care
GHUD:	HUD Child Care
GWAP:	Full Day Preschool Wrap Around
GFCC:	Family Child Care Home
GMIG:	Migrant Child Care
GCAM:	Campus Child Care (With Match)
GSAP:	School Age Parenting and Infant Development (SAPID)
GHAN:	Handicapped Child Care
GLTK:	Extended Day Care (Latchkey)
GAPP:	Alternative Payment
GCPS:	Child Protective Services
G2AP:	CalWORKs Stage II
G3TO:	CalWORKs Stage III Set-Aside, Timing Off
FAPP:	Child Care & Development Fund (CCDF) Alternative Payment
FCPS:	CCDF Child Protective Services
F2AP:	CCDF Alternative Payment Stage II
F2I3:	CCDF 3-Month Interim Stage II TANF
F2I6:	CCDF 6-Month Interim Stage II TANF
F3AP:	CCDF Alternative Payment Stage III
FCTR:	CCDF Center Based
FHUD:	CCDF HUD Child Care
FFCC:	CCDF Family Child Care Homes

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 non-relative
07	License-exempt care provided outside child's home by a relative
08	License-exempt care provided outside child's home by a non-relative
11	License-exempt center-based care