

**Confidential Application for
Child Development Services and
Certification of Eligibility**

Form CD 9600, Page 1, (REV. 03/04)

| |
|--|
| Agency Name: _____ |
| Family Identification/Case No.: _____ |
| Initial Subsidized Service Date: _____ |
| Type of Application: (Check one) Initial <input type="checkbox"/> Recertification <input type="checkbox"/> |

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 (attach documentation.) | <input type="checkbox"/> | Income eligible (attach documentation.) | <input type="checkbox"/> | Homeless (attach documentation.) | <input type="checkbox"/> | Programs for the severely handicapped (GHAN) |
|--------------------------|---|--------------------------|---|--------------------------|----------------------------------|--------------------------|--|

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 state preschool programs [GPPE] or programs for severely handicapped [GHAN].)

| Parent/ Caretaker | Reason for Needing Service | Parent/ Caretaker | Reason for Needing Service | Parent/ Caretaker | Stages 1, 2, and 3 CalWORKs recipients only |
|----------------------|---|----------------------|-----------------------------|--|---|
| | Child referred for protective services because of neglect, abuse, exploitation, or risk thereof | | Education or training | | CalWORKs activities Date family 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.): _____

| | | | |
|--------------------------|---|--------------------------|--|
| <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.

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. The certification must be renewed at least once a 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 state preschool (GPRE) or severely handicapped (GHAN) 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 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. 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 GPRE or GHAN.

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 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. Do not complete this section for GPRE or GHAN.

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:
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**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 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

- 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 these boxes 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.

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:
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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 (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 | 33 Turkish |
| 15 Dutch | (Putonghua) | 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 | 66 Other Languages of the Philippines |
| 19 Greek | 40 Pashto | 99 Other non-English |
| 43 Gujarati | 05 Pilipino (Tagalog) | |
| 21 Hebrew | 41 Polish | |
| 22 Hindi | | |
| 23 Hmong | | |

Column 8: Program Codes (Contract Prefix)

| | |
|-------|--|
| GPPE: | 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) |
| GHAN: | Handicapped Child Care |
| GLTK: | School Age Community Child Care (Latchkey) |
| GAPP: | Alternative Payment |
| GCPS: | Child Protective Services |
| G2AP: | CalWORKs Stage II |
| G3TO: | CalWORKs Stage III |
| FAPP: | Child Care & Development Fund (CCDF) Alternative Payment |
| FMAP: | Migrant Alternative Payment Program |
| FCPS: | CCDF Child Protective Services |
| F2AP: | CCDF Alternative Payment Stage II |
| F3TO: | CCDF Alternative Payment Stage III |
| FCTR: | CCDF Center Based |
| FFCC: | CCDF Family Child Care Homes |
| FHUD: | CCDF HUD Child Care |

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 |