

Self-Certification of Eligibility for COVID-19 Emergency Child Care

California Department of Education

I certify that my family is eligible for COVID-19 Emergency Child Care, as one of the following:

My child is identified as one of the following at-risk populations:

Receiving services from Child Protective Services (CPS) or at risk of abuse, neglect; or exploitation, *or*

Participating in the Emergency Child Care Bridge Program for Foster Children, *or*

Experiencing homelessness as defined in the McKinney-Vento Homeless Assistance Act, *or*

Is the survivor of domestic violence, and my family also meets the following eligibility and need requirements:

I have provided my family's current adjusted monthly income and family size; *or*

My family currently receives CalWORKS cash aid;

and

Child care services are needed as I am:

Employed or seeking employment, *or*

Engaged in an educational program for English Language Learners or to obtain a high school diploma or general educational development certificate, *or*

Engaged in vocational training leading directly to a recognized trade, paraprofession or profession, *or*

Seeking permanent housing for family stability, *or*

Incapacitated

Has disabilities or special health care needs whose Individual Education Programs (IEP) or Individual Family Services Programs (IFSP) include early

learning and child care services, and my family also meets the following eligibility and need requirements:

I have provided my family's current adjusted monthly income and family size, *or*

My family currently receives CalWORKS cash aid;

and

Child care services are needed as I am:

Employed or seeking employment, *or*

Engaged in an educational program for English Language Learners or to obtain a high school diploma or general educational development certificate, *or*

Engaged in vocational training leading directly to a recognized trade, paraprofession or profession, *or*

Seeking permanent housing for family stability, *or*

Incapacitated

I am an Essential Worker, working in one of the employment sectors set forth below, am unable to work remotely to complete my job duties, and require child care in order to perform the essential work. In addition, I am eligible for COVID-19 Emergency Child Care as:

I have provided my family's current adjusted monthly income and family size, *or*

My family currently receives CalWORKS cash aid

My essential work is in the following employment sector:

Health Care Services

Energy

Emergency Services

Transportation and Logistics

Food and Agriculture

Communications and/or IT

Child Care and/or Education

Critical Manufacturing,
Hazardous Materials, Financial
Services, and Chemical
Industries

Critical Infrastructure

State or Local Government

Another field listed in EO N-33-20

I further understand that to receive Emergency Child Care, my family's assets cannot exceed \$1 million dollars. This self-certification is a requirement for my child(ren), named below, to be enrolled in an Emergency Child Care program.

Name(s) and birthdate(s) of child(ren) to be enrolled and included in family size:

Total hours of child care per week needed:

My family's current total adjusted monthly income and family size are as follows (if applicable):

Monthly adjusted income:

Family size:

If for any reason this attestation is found to be false; I understand that I will not have met an eligibility requirement for the receipt of COVID-19 Emergency Child Care and my child(ren) may be subject to immediate disenrollment from any program my child(ren) is/are attending. I also understand that receipt of Emergency Child Care is subject to receipt of funding and that termination of services due to lack of funding or the program ending will not be subject to an appeal.

By signing below, I attest that the information provided above is true and correct to the best of my knowledge.

Parent or Guardian Name (printed):

Parent or Guardian Signature:

Date:

Parent or Guardian Contact Information

Phone Number:

Email:

Home Address: