



FOR OFFICE USE	
Family Size	_____
Rank	_____
Family ID	_____
Date input	_____
MCCP input	_____

CATALYST COMMUNITY WAITLIST APPLICATION FOR SUBSIDIZED CHILDCARE

Please complete and return to:

Catalyst Community
1029 Takela Dr. Suite 2
South Lake Tahoe, CA 96150
Phone: (530) 541-5848 Toll-free phone: (877) 541-5848
Fax: (530) 541-1376

Application Date: _____

- I hereby certify that the information provided is true and correct to the best of my knowledge. **Please note that submission of an application does not guarantee enrollment in a program.**
- This application remains valid for 6 months. **If, after 6 months, I do not update this application, my application will be removed from the waitlist.**

Parent/Guardian Signature: _____ Date Signed: _____

Provide an email address for communication and community resource info from Catalyst Community:

Phone applications only: I certify that I have read the disclaimer above to the applicant and they agree to have their information placed onto the waitlist for purposes of determining eligibility for subsidized child care. Staff Initials _____

Parent/Guardian Information

Parent A

___ Mother ___ Father ___ Guardian/Foster

First name _____ Last name _____

Address _____

City _____ Zip _____

Mailing Address (if different than above) _____

Home phone _____

Work phone _____

Date of birth (if teen parent) _____

Primary language spoken at home _____

Name of employer or school/training program _____

Zip code of employment or training _____

Need: Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> CPS/Respite | <input type="checkbox"/> Employed |
| <input type="checkbox"/> Enrolled in CalWORKs | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Teen Parent | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Seeking Employment | <input type="checkbox"/> In school/training |
| <input type="checkbox"/> Incapacitated | |

Have you received cash aid in the last 2 years?

_____ yes _____ no

Parent B

___ Mother ___ Father ___ Guardian/Foster

First name _____ Last name _____

Address _____

City _____ Zip _____

Mailing Address (if different than above) _____

Home phone _____

Work phone _____

Date of birth (if teen parent) _____

Primary language spoken at home _____

Name of employer or school/training program _____

Zip code of employment or training _____

Need: Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> CPS/Respite | <input type="checkbox"/> Employed |
| <input type="checkbox"/> Enrolled in CalWORKs | <input type="checkbox"/> Migrant |
| <input type="checkbox"/> Teen Parent | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Seeking Employment | <input type="checkbox"/> In school/training |
| <input type="checkbox"/> Incapacitated | |

Have you received cash aid in the last 2 years?

_____ yes _____ no

Child Information

Please complete for all children under the age of 18 years living in your home even if care is not needed.

A.	Child's Name	Male/Female	Date of birth	Ethnicity	Is Child Care needed?	List any special needs of child	Limited or non-English proficient
B.	Child's Name	Male/Female	Date of birth	Ethnicity	Is Child Care needed?	List any special needs of child	Limited or non-English proficient
C.	Child's Name	Male/Female	Date of birth	Ethnicity	Is Child Care needed?	List any special needs of child	Limited or non-English proficient
D.	Child's Name	Male/Female	Date of birth	Ethnicity	Is Child Care needed?	List any special needs of child	Limited or non-English Proficient
E..	Child's Name	Male/Female	Date of birth	Ethnicity	Is Child Care needed?	List any special needs of child	Limited or non-English Proficient

Child Care Information

Days care is needed (Check any/all that apply)

VARIES
 Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Hours care is needed (check any/all that apply)

VARIES
 Morning only
 Afternoon only
 Evening only
 All day
 Weekends

Specific Times: _____

Are you receiving services from another child care provider? (please list)

Family Income Information

(NOTE: if you are applying as a foster family, please list only the child(ren)'s income)

Parent A

Wages \$ _____

Tips/commissions \$ _____

Cash aid (TANF) \$ _____

Child/spousal support \$ _____

Unemployment \$ _____

Disability \$ _____

Foster Care \$ _____

Other income \$ _____

Total monthly gross income (before taxes)

\$ _____

Parent B

Wages \$ _____

Tips/commissions \$ _____

Cash aid (TANF) \$ _____

Child/spousal support \$ _____

Unemployment \$ _____

Disability \$ _____

Foster Care \$ _____

Other income \$ _____

Total monthly gross income (before taxes)

\$ _____

If you have any questions or need assistance completing the application, contact Catalyst Community at (530) 541-5848 or toll-free (877) 541-5848. The use or disclosure of all information shall be restricted to purposes directly connected to the administration of and required by The California Code of Regulations, Title 5.



Help Paying for Child Care

Child care helps parents earn while children learn and the cost of quality child care is expensive. Subsidized child care helps lower income families by covering their child care costs, based on financial need. There are two types of Child Care payment assistance in Alpine County.

1. Catalyst Community Alternative Payment Program provides payment assistance to income eligible parents who have a need for care. Enrolled parents may select a center, family child care home, or license exempt provider. To access the program a parent must show proof of participation in the CalWorks program within the last two years or complete the Catalyst Community wait list application. Submitting a Wait List application is not a guarantee of services. Contact: 1-877-541-5848

2. Alpine County Office of Education offers no cost or low cost State preschool program to income eligible families with children ages 3 – 5 years. This is a part day, center based preschool program 8 am – 3 pm Monday- Friday during the school year. Contact: 530-694-1673

3. Community Resources - Agencies that offer food, clothing, housing, medical, and energy assistance. See the attached "[Family Resource Guide for Alpine County](#)"

4. Contact your local legislators and tell them your story. Your legislator needs to hear how important child care is to your ability to work. Help them understand that "Child Care Helps Parents Earn while Children Learn".