EMERGENCY CHILD CARE FUNDING NOW AVAILABLE FOR ESSENTIAL WORKERS
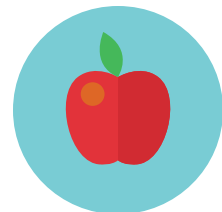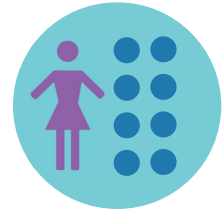
ARE YOU AN ESSENTIAL WORKER THAT NEEDS HELP PAYING FOR OR FINDING CHILD CARE IN SONOMA COUNTY ?

TO APPLY FOR CHILD CARE FUNDING

- Download forms: **Application** and **Self-Certification**
- Email forms to **emergencychildcare@sonoma4cs.org**
- For assistance with forms call 707-522-1413 x 159.
- Calls returned within 2 business days.
- Essential worker program runs through June 2020.

TO RECEIVE A CHILD CARE REFERRAL

- Call 707-757-9872 or
- Email **info@sonoma4cs.org** with the Subject: Essential Worker – Child Care Referral. Include contact info, child's ages, company and zip code where you need care.

4Cs
Sonoma County

131A Stony Circle, Suite 300 Santa Rosa, CA 95401
Ph: 707-544-3077 Fax: 707-544-2625

www.sonoma4cs.org

Application Instructions for Self-Certification and COVID-19 Confidential Application

Dear Essential Worker Parent/Guardian –

We are thrilled to be able to offer you this opportunity to apply for child care funding to support you and your family during this difficult time. The CA Department of Education, Early Learning and Care Division with direction from Governor Newson has prioritized child care support for Essential Workers during the mitigation of COVID-19. This temporary program and application is streamlined for expedited enrollment but will take a few steps. 4Cs staff is working remotely to support you through this process and to provide you a child care referral to an open child care program if you need it. We have quickly built remote systems to support this program and we imagine that there will be some challenges so we appreciate your patience as we work through any "kinks". We are hopeful to enroll all applicants but may be limited by available resources dependent on number of applicants. Thank you for all you are doing for our community during this unprecedented time – we are so grateful to you!

Sincerely,

Melanie Dodson
Executive Director

Julie Swanstrom
Client Services Director

Lorie Siebler
Resource & Referral Director

As an essential worker, to qualify for emergency child care funding please complete both the self-certification and application to the best of your ability and email to emergencychildcare@sonoma4Cs.org. Please use a real signature and initials (not typed). Any missing areas will be filled out by 4Cs during your phone enrollment.

Our Mission is to provide access to quality child care and early education in Sonoma County through advocacy, direct service, and empowerment.

Some helpful tips when completing the forms required:

1. Self-Certification form: select the all the boxes that apply.
2. Form COVID-19 Confidential Application:
   a. Do not fill it out online, save a copy or print it out to enter your data
   b. Insert Total Family **Gross Monthly** Income (before deductions)
   c. Complete Children's Name, Gender & Birthdate. The remainder of this section can be reviewed with 4Cs. Include ALL children in your home under 18 yrs, even if they do not need child care.

Once we've received your application documents, you will receive a call from a 4Cs Case Manager within approximately 2 business days to review your needs.

If you need help finding a provider, please contact 4Cs essential worker referral line 707-757-9872 anytime 9am-6pm seven days a week or get a list from our website at http://www.sonoma4cs.org/families.

Any questions please email
emergencychildcare@sonoma4cs.or or 707-522-1413 ext. 159

Form COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

Instructions for Completing Form COVID-19 2020:
COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

Agency Name: Insert the name of the agency providing child care services in this space.

Family Identification Number or Family Case Number: A Family Identification Number (FIN) or Family Case Number (FCN) must be assigned to each family. Enter the unique FIN in top box on page one of the Form COVID-19 2020.

Initial Subsidized Service Date: This is the earliest month and year that the child(ren), as listed on this COVID-19 2020, first started receiving subsidized child care services from your agency. **Every Form COVID-19 2020 must have a month and year entered in this field.** This information is for data reporting purposes.

Section I. Family Identification

Note: If family size includes more than two adults, complete Sections I, II, and III of a second Form *COVID-19 2020* and attach it to the completed Form *COVID-19 2020*. You may also use a second Form *COVID-19 2020* to record additional employers for the parents listed under A and B in Section I.

COVID-19 2020 Essential Worker: If the parent/caretaker who is legally/financially responsible for the child is self-certifying as a COVID-19 2020 essential worker, check the box on the line next to **Section I. Family Identification**

Single parent/caretaker: 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. Family Identification**

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.

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.

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 Income and Eligibility

1. **Family Income and Eligibility:** Parent to complete the income amount in box 1. Box 2 must be initialed by the parent to certify the income reported in Box 1 is true and correct. Box 3 must be checked when the parent completes the COVID-19 Self-Certification and returns it to the contractor.

2. *Employment information:* For each parent/caretaker, enter the name and address of the employer if the reason for needing services is due to being an Essential Worker.

   Days and working hours. Note the beginning and ending hours for each day that the parent is employed.

Section III. Family Size: Enter the number of persons included in the family size

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 COVID-19 2020 to record more children.

(1) *Name of child.* List all children included in the household size eighteen and under, for whom the parent(s) is responsible.

   NOTE: When a child and his or her siblings are living in a household that does not include their biological, or adoptive parent(s), "family" shall be considered the child and related siblings. List only the children of this" family" who are eighteen and under.

(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.

**Form COVID-19 2020 Confidential Application for Child Development
Services and Certification of Eligibility for Essential Workers**

(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. **Language Code.** Use only those native language codes provided.
Child is English Learner? For kindergarten through grade twelve children ONLY. For students reported with a primary language other than English, report the primary language of students on the state-approved Home Language Survey.

(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 early learning and care services needed each day in column 9. Use the lower line (marked "V") to indicate the amount of time needed during the COVID-19 State of Emergency. For preschool-age children, use only the upper line to record the amount of care needed.

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.

Parents must initial item 1 of Section V, stating that the parent(s) has checked the single parent/caretaker box in section 1.

Parent must initial item 2 of Section V, acknowledging that as a condition of receiving Emergency Childcare services, he or she understands that 12-month eligibility does not apply.

Parent must initial item 3 of Section V, stating that they 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.

Parent must initial item 4 of Section V, stating that they understand that this certification is not complete until all documentation is submitted and this form has been signed and dated by me and reviewed, signed, and dated by an agency representative.

Parent must initial item 5 of Section V, stating that they certify that family assets do not exceed $1,000,000; Child Care and Development Block Grant Act Section 658 p (4)(B).

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. At least one parent signature is required on the application.

Section VI. 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.

Form COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

Instructions for Completing Form COVID-19 2020:
COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

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
				52	Serbo-Croatian
54	Chaldean	50	Khmu	01	Spanish
20	Chamarro (Guamanian)	04	Korean	46	Taiwanese
		51	Kurdish	32	Thai

Column 7 Native Language Codes (Continued)

39	Chaozhou	47	Lahu	53	Toishanese
14	Croatian	07	Mandarin (Putonghua)	33	Turkish
15	Dutch			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		
19	Greek			66	Other Languages of the Philippines
43	Gujarati	40	Pashto		
21	Hebrew	05	Pilipino (Tagalog)	99	Other non-English
22	Hindi				
23	Hmong	41	Polish		

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

Form COVID-19 2020
Confidential Application for Early Learning and Care
Services and Certification of Eligibility for Essential Workers

| Agency Name: _____ |
| Family Identification/Case No.:_____ |
| Initial Subsidized Service Date:_____ |

Note: State regulations require a formal application and certification for early learning and care services. This form must be completed by an agency representative in consultation with the family. The agency must certify family eligibility prior to beginning services. ***Refer to the attached instructions for the completion of this form.***

Section I. Family Identification. *See Instructions, Section I.*				
If you are eligible for Emergency Childcare due to COVID-19, check this box:				
If you are a single parent/caretaker, check this box:				
A.	Name of parent/caretaker (full name, including middle initial)		Phone no. (cell or home)	Phone no. (work/school)
B.	Name of parent/caretaker (full name, including middle initial)		Phone no. (cell or home)	Phone no. (work/school)
Street address || City	State	Zip	FIPS code

Section II. Family Income and Eligibility

1.	**Income and Eligibility Information (Complete all boxes):**		
Total Family Income **$**	I certify that the total family income stated is true and correct. Parent Initials _____		COVID-19 Emergency Childcare Self-Certification (Attach Documentation)

2.   Employer Information Must be completed for each adult listed in Section I above if the basis of need is essential worker (Attach documentation.)

Parent/Caretaker	Employer		Street Address	City	Zip
A.					
A.					

Days and working/ training hours:		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	From:							
	To:							

Parent/Caretaker	Employer		Street Address	City	Zip
B.					
B.					

Days and working/ training hours:		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	From:							
	To:							

Section III. Family Size
Family size (See "Funding Terms and Conditions" for instructions on calculating family size.): _____

Form COVID-19 2020 Confidential Application for Child Development Services and Certification of Eligibility for Essential Workers

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	(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	MM/DD/YYYY				Language Code	Child is English Learner? (School age ONLY)				M	T	W	T	F	S	S
									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.

I understand that I am self-certifying single parent status under penalty of perjury
Parent Initials: _____

I understand that as a condition of receiving Emergency Childcare services, I am not eligible for 12-month eligibility.

Parent Initials: _____

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.
Parent Initials: _____

I understand that this certification is not complete until all documentation is submitted and this form has been signed and dated by me and reviewed, signed, and dated by an agency representative.
Parent Initials: _____

I certify that my family assets do not exceed $1,000,000; Child Care and Development Block Grant Act Section 658 p (4)(B).

Parent Initials: _____

I DECLARE UNER PENALTY OF PERJURY THAT THE ABOVE INFORMAITON IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature	Date	Relationship to Child: Parent Grandparent Guardian Foster Parent Other: Please describe _____
Signature	Date	Relationship to Child: Parent Grandparent Guardian Foster Parent Other: Please describe _____

Section VI. For Office Use Only. *(Certification is not complete until eligibility is reviewed, signed, and dated by an agency representative.)*

Eligibility Status: Denied Approved	Date Notice of Action Sent (Attach copy)	Date Notice of Action Given (Attach copy)	First date of subsidized service	Last date of enrollment
Site Name:				

Signature of Authorized Agency Representative	Title	Telephone number	Date
Signature of Supervisor (Optional)	Title	Telephone number	Date

SELF-CERTIFICATION OF ELIGIBILITY FOR COVID-19 EMERGENCY CHILD CARE

I, _____ (parent or guardian) certify that I am eligible for COVID-19 Emergency Care as:

1. At-Risk Population
   i. Child receiving services from CPS or is at risk of abuse or neglect;
   ii. Child eligible through the Emergency Child Care Bridge Program for Foster Children; or
   iii. Experiencing homelessness as defined in the McKinney-Vento Homeless Assistance Act
   iv. A Child of domestic violence survivors; or
2. An Essential Worker under the California definition of essential worker pursuant to the Governor's Executive Order N-33-20, and I am unable to work remotely to complete my job duties and require child care in order to perform the essential work.
3. A parent of a child with disabilities or special health care needs whose individualized education program or individualized family support plans include early childhood education service;

I understand that this self-certification is a requirement for my child/children

_____ (Child/children's names)

to be enrolled in an emergency child care program.

Please check the eligibility category and/or sector of employment in which you are engaged:

	Parent of a child who is receiving CPS or at risk		Food and Agriculture sector
	Parent of any child eligible through the Emergency Child Care Bridge Program for Foster Children		Staff and providers of child care and education services
	Parent of a child with disabilities or special health care needs whose individualized education program or individualized family support plans include early childhood education service		Workers supporting critical infrastructure
			State and local government worker
	Family experiencing housing insecurity or homelessness as defined in the McKinney-Vento Homeless Assistance Act.		Energy sector
			Transportation and Logistics
	Domestic violence survivor		Communications and IT sector
	Health Care Services sector		Critical Manufacturing, Hazardous Materials, Financial Services, and Chemical sectors
	Emergency Services sector		Any other fields listed in EO N-33-20

Total hours of child care per week requested: _____

If for any reason this attestation of being an Essential Worker or an At-Risk Population is found to be false or untrue, I understand that I will not have met an eligibility requirement for the receipt of emergency child care and my child may be subject to immediate disenrollment from any program he or she is attending.

By my signature below, I attest that the information provided above is true and correct.

Parent or Guardian Name (printed): _____

Parent or Guardian Signature: _____

Date: _____