



## Centralized Eligibility List (CEL) of Ventura County Application

- Complete the attached application and return it to determine your eligibility for Ventura County programs on the Centralized Eligibility List (CEL).
- The Centralized Eligibility List (CEL) is available at our website: [cdrv.org](http://cdrv.org)  
We recognize the importance of protecting the privacy of all information provided by users of the Centralized Child Care Eligibility List. Authorized and qualified agency personnel can only access any personal information.
- This Centralized Eligibility List (CEL) is for the following agencies:

Camp Fire USA	Ocean View School District / Early Education
Child Development Incorporated	Oxnard School District
Child Development Resources of Ventura Co., Inc	Rio School District
Children's Home Society of California	Santa Paula Elementary School District
Conejo Valley NfL	Smart Start Child Development Centers
Easter Seals Tri-County	University Preparation School @ CSUCI
First 5 NFL Programs	Ventura Unified School District
Mexican American Opportunity Foundation	YMCA of Southeast Ventura County
Moorpark Unified School District	
- Answer all the requested information completely and clearly. If questions are left unanswered, the application may be returned to you and this will delay your placement on the Centralized Eligibility List (CEL).
- The CEL application is valid for 1 year. To avoid being placed in a inactive status, applications need to be updated yearly.
- Changes related to your family eligibility must be reported within five (5) working days by calling CDR to request a CEL application or to update over the phone.
- Failure to notify changes will delay your eligibility for any program.
- You will be notified by mail or telephone when we are able to place your family in a Ventura County Program. At the time of your enrollment interview, you are required to bring documentation that verifies the information you provided on your Centralized Eligibility List Application (CEL).
- If you have any questions you may contact us by phone at (805) 485-7878 Ext. 511 or you may come in person.

Office hours are from 8:00 AM – 5:00 PM, Monday thru Friday and we are located at:

**Child Development Resources of Ventura County, Inc.**  
**221 E. Ventura Boulevard**  
**Oxnard, CA 93036**

Keep in mind that there are many families throughout Ventura County in need of child care. The California Department of Education provides funding of our programs and other scholarship programs in Ventura County. We encourage families to be patient and continue to remain on the Centralized Eligibility List (CEL). Remember, subsidized child care is available for children up to thirteen (13) years of age.

**1. Who is eligible for the program?**

Family eligibility is based on a variety of needs determined by state and federal regulations and local priorities. Eligible families are low income and except for Head Start, also working, seeking employment, enrolled in education or job training programs, homeless or medically incapacitated. Child Protective Services may also refer children.

**2. What services does the program offer?**

Eligible families who are certified for the Alternative Payment Program (APP) may choose child care of their choice with a licensed child care center or family child care home, or with an unlicensed adult such as a relative, friend or neighbor who will care for the parent's children only. Or, eligible families may be enrolled by a specific center.

In APP all child care providers must complete an approval process with the appropriate Alternative Payment Program (APP) agency and receive a contract before they can receive payment for children in their care. Children in the same family can have different child care providers. Parents can change child care arrangements with prior approval by the Child Care Case Manager. Depending on the parents' needs, children can receive services full-time or part-time, as well as in the evening, overnight or on weekends. This program does NOT pay private school tuition for children attending kindergarten or elementary school. Only before-and-after school childcare, as well as full-time during off-track, summer or holiday periods can be paid.

In a Head Start or center-based program, your child will be enrolled in a specific center; in many cases the child must be three or four years old. When your name is next on the Centralized Eligibility List (CEL), the agency/center will explain which of these programs you are being enrolled in.

**3. How long will I have to wait? I've been on your list for years. How come I've never been called to get on the program? What are my chances of getting my child (ren) in the program?**

We cannot tell you how long you'll have to wait on the Centralized Eligibility List (CEL). When a person applies his/her name gets placed in the computer file. We accept new families when we have enough funding to enroll more children. This happens when families leave the program or when the agency receives new funds to expand the program. When we have openings (funding/money) available, the funding source requires us to enroll families starting with those with the lowest income.

Each applicant is responsible for keeping his or her application current. Failure to update will cause the family to be dropped from the Centralized Eligibility List (CEL). You may call to update your information or to request an application whenever there's a change in any of the following: **Name, Address, Phone Number, Income, Marital Status, Family Size, Employment /Education.**

**4. When will I know when it's my turn?**

You will be notified by phone or mail when funding becomes available. At that time your income, family size, and other information will be verified to assure that your family falls within the income we are currently enrolling. You will be asked to provide written documentation of your income; employment, school enrollment, and other information needed to determine eligibility for child care services. If we determine that your actual income puts your family higher than the families we are presently enrolling, we'll update your application and return your name to the Centralized Eligibility List (CEL). You must have documented need for child care because you are working, seeking work, or attending school or training for all of the programs except Head Start. If you do not have a valid need for childcare at the time you are notified of enrollment, we will update your application and return your name to the Centralized Eligibility List (CEL) unless you are being contacted by Head Start.

**5. I'm on welfare and can't afford child care. How can I get some help to pay for it?**

You need to get in touch with your eligibility worker with the county and notify them that you are in need of child care. Your worker should refer you to the CalWORKs Stage I child care contractor for the county, or if you have to apply for the Centralized Eligibility List (CEL), with Child Development Resources.



## CENTRALIZED ELIGIBILITY LIST APPLICATION

<b>Office Use Only:</b>	<input type="radio"/> Initial	<input type="radio"/> Update
<b>Processed By:</b>		<b>Rank #:</b>

<b>PARENT A</b>	<b>PARENT B (if part of one family unit)</b>
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**NOTE: Incomplete Applications CANNOT BE PROCESSED, THEREFORE WILL BE MAILED BACK**

First Name:				
Middle Name:				
Last Name:				
Address:				
City, State & Zip Code:				
Homeless:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Home Phone #:	(    )		(    )	
Work Phone #:	(    )		(    )	
Okay to call work?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Message/Cell/Pager #:	(    )		(    )	
Best to call at ( <i>Choose one</i> ):	<input type="radio"/> Home	<input type="radio"/> Work	<input type="radio"/> Mssg/Cell	
Best time to call:				
Gender:	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female	
Marital Status:	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Single <input type="radio"/> Married	
Single Parent:	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Ethnicity ( <i>optional</i> ):				
Speak English?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Specify Language Preference for Correspondence ( <i>check one of the following</i> ):			(    ) English (    ) Spanish	
Moved for Migrant Work within the last 24 months?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
<b>If you marked yes to the above question, give the date you moved?</b>	____/____/____ <i>Month Day Year</i>		____/____/____ <i>Month Day Year</i>	
Is your source of income 50% or more from agricultural work?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
<b>Are you CURRENTLY</b> receiving CalWORKs Cash-Aid ( <i>Welfare</i> )?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
<b>Have you EVER</b> received CalWORKs Cash-Aid ( <i>Welfare</i> ) in the past?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
<b>If no longer receiving</b> CalWORKs Cash-Aid Benefits, specify last date received.	____/____/____ <i>Month Day Year</i>		____/____/____ <i>Month Day Year</i>	
<b>Have you EVER</b> received CalWORKs Diversion?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
<b>If marked yes, give the date and county you received it from?</b>	____/____/____, ____ <i>Month Day Year County</i>		____/____/____, ____ <i>Month Day Year County</i>	
<b>Reason(s) for NEEDING child care services?</b> ( <i>Check those that apply</i> )	<input type="radio"/>	Incapacitated due to medical /psychiatric special needs	<input type="radio"/>	Incapacitated due to medical /psychiatric special needs
	<input type="radio"/>	Working	<input type="radio"/>	Working
	<input type="radio"/>	Education or Training	<input type="radio"/>	Education or Training
	<input type="radio"/>	Actively seeking employment	<input type="radio"/>	Actively seeking employment
	<input type="radio"/>	Seeking permanent housing	<input type="radio"/>	Seeking permanent housing
	<input type="radio"/>	Part-day preschool enrichment	<input type="radio"/>	Part-day preschool enrichment
<b>Parent Characteristics</b> ( <i>Check those that apply</i> ):	<input type="radio"/>	Teen Parent	<input type="radio"/>	Teen Parent
	<input type="radio"/>	Migrant	<input type="radio"/>	Migrant
	<input type="radio"/>	Student at CA State or Community College	<input type="radio"/>	Student at CA State or Community College
	<input type="radio"/>	Grandparent	<input type="radio"/>	Grandparent
	<input type="radio"/>	None (Not Applicable)	<input type="radio"/>	None (Not Applicable)
What are your sources of income? ( <i>Check those that apply</i> )  <b>Indicate MONTHLY earnings on those that apply to you. FAILURE to do so will CAUSE application NOT TO BE PROCESSED and WILL BE RETURNED.</b>	<input type="radio"/>	<b>Parent A Monthly</b> Income from Work (Gross Income before deductions) \$ _____	<input type="radio"/>	<b>Parent B Monthly</b> Income from Work (Gross Income before deductions) \$ _____
	<input type="radio"/>	Unemployment \$ _____	<input type="radio"/>	Unemployment \$ _____
	<input type="radio"/>	Public Asst./TANF/Cash-Aid ( <i>CalWORKs</i> ) \$ _____	<input type="radio"/>	Public Asst./TANF/Cash-Aid ( <i>CalWORKs</i> ) \$ _____
	<input type="radio"/>	Food Stamps \$ _____	<input type="radio"/>	Food Stamps \$ _____
	<input type="radio"/>	Workers Compensation \$ _____	<input type="radio"/>	Workers Compensation \$ _____
	<input type="radio"/>	Adj. Gross Income from Self-Employed \$ _____	<input type="radio"/>	Adj. Gross Income from Self-Employed \$ _____
	<input type="radio"/>	Child Support \$ _____	<input type="radio"/>	Child Support \$ _____
	<input type="radio"/>	Alimony/Spousal Support \$ _____	<input type="radio"/>	Alimony/Spousal Support \$ _____

<b>OPTIONAL: Feel free to attach COPIES of any income documents that would assist us in processing your CEL application. Do not send original documents as they will not be returned.</b>	<input type="checkbox"/>	Student Financial Aid - cost of living	\$ _____	<input type="checkbox"/>	Student Financial Aid - cost of living	\$ _____
	<input type="checkbox"/>	State Supplementary Payment	\$ _____	<input type="checkbox"/>	State Supplementary Payment	\$ _____
	<input type="checkbox"/>	Social Security Administration		<input type="checkbox"/>	Social Security Administration	
		<input type="checkbox"/> Retirement	\$ _____		<input type="checkbox"/> Retirement	\$ _____
		<input type="checkbox"/> Disability	\$ _____		<input type="checkbox"/> Disability	\$ _____
		<input type="checkbox"/> Survivors	\$ _____		<input type="checkbox"/> Survivors	\$ _____
	<input type="checkbox"/>	Military (including BAH)	\$ _____	<input type="checkbox"/>	Military (including BAH)	\$ _____
	<input type="checkbox"/>	Veterans	\$ _____	<input type="checkbox"/>	Veterans	\$ _____
<input type="checkbox"/>	Other Income (Tips / Commissions, etc.) Explain: _____	\$ _____	<input type="checkbox"/>	Other Income (Tips / Commissions, etc.) Explain: _____	\$ _____	

Do you pay child support for any children not living with you?  YES  NO

If YES, how much per month? \$ \_\_\_\_\_ and what parent is paying it? A or B (circle one)

**TOTAL MONTHLY FAMILY INCOME (PARENT A & B) \$ \_\_\_\_\_**

**LIST ALL CHILDREN THAT ARE PART OF ONE FAMILY UNIT WHO LIVE WITH YOU AND ARE UNDER THE AGE OF 18**

1	Name (First & Last):	/ /	School Attending:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	Date of Birth			<input type="checkbox"/> Biological	<input type="checkbox"/> Foster <input type="checkbox"/> Guardian
	Schedule Care Requested (Check all that apply):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	<input type="checkbox"/> Overnight
2	Name (First & Last):	/ /	School Attending:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	Date of Birth			<input type="checkbox"/> Biological	<input type="checkbox"/> Foster <input type="checkbox"/> Guardian
	Schedule Care Requested (Check all that apply):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	<input type="checkbox"/> Overnight
3	Name (First & Last):	/ /	School Attending:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	Date of Birth			<input type="checkbox"/> Biological	<input type="checkbox"/> Foster <input type="checkbox"/> Guardian
	Schedule Care Requested (Check all that apply):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	<input type="checkbox"/> Overnight
4	Name (First & Last):	/ /	School Attending:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	Date of Birth			<input type="checkbox"/> Biological	<input type="checkbox"/> Foster <input type="checkbox"/> Guardian
	Schedule Care Requested (Check all that apply):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	<input type="checkbox"/> Overnight
5	Name (First & Last):	/ /	School Attending:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	Date of Birth			<input type="checkbox"/> Biological	<input type="checkbox"/> Foster <input type="checkbox"/> Guardian
	Schedule Care Requested (Check all that apply):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	<input type="checkbox"/> Overnight
6	Name (First & Last):	/ /	School Attending:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	Date of Birth			<input type="checkbox"/> Biological	<input type="checkbox"/> Foster <input type="checkbox"/> Guardian
	Schedule Care Requested (Check all that apply):	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Evening	<input type="checkbox"/> Weekend	<input type="checkbox"/> Overnight

If Foster/Guardian child(ren), please indicate monthly income received: \$ \_\_\_\_\_

**CHECK THOSE THAT APPLY TO YOUR CHILD(REN)**

1.	_____	<b>Exceptional Needs.</b> This applies to children who have been determined to be eligible for special education and related services. These children have an active Individualized Education Program (IEP) and receiving special education services. (ATTACH APPROPRIATE DOCUMENTATION AND/OR REFERRAL LETTER PROVIDED BY A LEGALLY QUALIFIED PROFESSIONAL) Name of child(ren) receiving services: _____
2.	_____	<b>Child Protective Services.</b> Children receiving support services from any county department or emergency shelter because children are at risk of abuse or neglect. (THIS CATEGORY REQUIRES VERIFICATION BY LETTER FROM SOCIAL WORKER) Name of child(ren) receiving services: _____

**CERTIFICATION**

I DECLARE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ABOVE INFORMATION IS TRUE AND CORRECT. I AGREE TO NOTIFY THE AGENCY IMMEDIATELY IF THERE SHOULD BE ANY CHANGES TO THE INFORMATION CONTAINED IN THIS FORM. I UNDERSTAND THAT THE INFORMATION I HAVE PROVIDED IS CONFIDENTIAL AND WILL BE USED TO DETERMINE MY ELIGIBILITY FOR SUBSIDIZED CHILDCARE SERVICES AND ESTABLISH MY PRIORITY ON THE CENTRALIZED ELIGIBILITY LIST (CEL). **I FURTHER UNDERSTAND THAT ALL OF THE INFORMATION I HAVE PROVIDED WILL BE VERIFIED BEFORE I MAY BE APPROVED FOR SERVICES.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature of Applicant** **Date** **Relationship to Child(ren)**  
(Mother/Father, Foster Parent, Guardian)