

Choices for Children



Child Development Incorporated

Categorical Eligibility Self-Declaration Form

I, _____, was income-certified within the last two years and am currently certified as eligible to receive benefits or services from at least one of the following means-tested government programs:

Please Initial All Programs that Apply

- _____ Medi-Cal
- _____ CalFresh
- _____ California Food Assistance Program
- _____ California Special Supplemental Nutrition Program For Women, Infants, and Children (WIC)
- _____ The Federal Food Distribution Program on Indian Reservations
- _____ Head Start
- _____ Early Head Start
- _____ CalWORKs

Please initial the following statement:

_____ I, self-declare, I do not have access to the application for the means-tested above programs, indicating my income at the time of enrollment.

To the best of my recollection, my total gross income declared on the application for the above means-tested government program was \$_____.

Note: To determine approval for childcare hours/schedule, your current pay stubs may be requested.

- I am NOT currently receiving services from another alternative payment program for childcare services in Santa Clara or any other county in California.
Example: Go Kids or Department of Social Services

I attest and declare under penalty of perjury and the laws of California that the information provided is true and correct.

Parent/Guardian's Name (please print)

Date

Parent/Guardian's Signature