

Form A

SPECIALIZED CHILD CARE/DAY CARE WORKSHEET TO BE COMPLETED BY FAMILY MEMBER

Client Name: _____ DOB: _____ UCI: _____

Parent/Guardian Names:

Parent #1:

Parent #2:

Place of
employment:

Address of
employment:

Phone #:

Home Address:

Time from work
to home:

Work Schedule
(Please circle):

M • T • W • TH • F • SAT • SUN

M • T • W • TH • F • SAT • SUN

Start Time: _____ AM PM

Start Time: _____ AM PM

End Time: _____ AM PM

End Time: _____ AM PM

Number of
vacation days
per month

(list month &

number of days):

Holidays

(Please circle):

New Year's Day • MLK Birthday • President's Day • Cesar Chavez Day •
Memorial Day • Independence Day • Labor Day • Columbus Day •
Veteran's Day • Thanksgiving Day • Day after Thanksgiving • Christmas
Eve • Christmas Day

Client's school/program name: _____

Client's school/program schedule: M • T • W • TH • F • SAT • SUN

Time client leaves home: _____ AM PM

Time client arrives home: _____ AM PM

Minimum Day arrive
home: _____ AM PM

Miscellaneous Min Day arrive
home: _____ AM PM

Summer School Start Date: _____
Summer School End date: _____

Summer School Day arrive
home: _____ AM PM

If program times differ by day please explain:

Describe the specialized care needs of the client:

Number and ages of other children under the age of 13 in the home:

Please explain who provides day care for other children under the age of 13 in the home:

If the day care is needed for parent to attend educational classes outside of the home leading to employment include class schedule (including time and location of class) and proof of registration. Proof of completion of prior semester/quarter is required if requesting continued support.

Name of Parent's School: _____

Legal custody arrangement: mom/parent #1 dad/parent #2 joint
Please attach a copy of arrangement, if there is no copy, please explain:

Please attach:

- School/program calendar or copy of diploma if family member is 22 years or younger.
- Employment verification on employer's letterhead (*noting work hour, vacation accrual & holiday schedule*). Original document required, plus two consecutive paystubs.
- IHSS approval letter (*if receiving IHSS*).

Important information

Day Care services will not be funded without a current completed Day Care Worksheet; school schedule for your child and original signed employment verification. This information must be completed in full and submitted to RCEB prior to authorization of day care services. By signing below, you are giving RCEB authorization to obtain and request information from your employer as needed, and to confirm the information you provide, including additional documentation from family members.

I certify the information I provide on this form is correct and accurate. I also certify I may be held liable, including repayment of State of California funds for child/day care services paid on my child's behalf, for any intentional misrepresentation of information I provide on this form.

PARENT #1 (Print Name) DATE PARENT #2 (Print Name) DATE

PARENT #1 (Signature) DATE PARENT #2 (Signature) DATE