



RIVERSIDE COUNTY
OFFICE OF EDUCATION

Eligibility List (EL) Application

Parent(s) Information

Parent/Guardian 1

Parent/Guardian 2

First Name: _____

Middle Initial (MI): _____

Last Name: _____

Gender: Male Female

Birth Date: _____

Work Phone: _____

Cell/Message: _____

E-mail: _____

Married: Yes No

Single Parent: Yes No

Ethnicity: _____

Do you speak English: Yes No

Are you a: Biological Parent Foster Parent Biological Parent Foster Parent
 Teen Parent Grandparent Teen Parent Grandparent
 Relative other than parent Migrant Worker Relative other than parent Migrant Worker

Household Information

Address: _____ Apt. No. _____ City: _____

State: _____ County: _____ Zip Code: _____

Home Phone: _____ Family Size: _____

CalWORKs (Welfare)

Who is currently participating in CalWORKs activities or receiving cash aid? **Parent/Guardian 1** Parent Child None **Parent/Guardian 2** Parent Child None

If you have received CalWORKs diversion, date received? _____

If no longer receiving CalWORKs cash aid, date last received? _____

Need for Child Care

(Please make sure at least one of these is yes for each parent in household)

	Parent/Guardian 1	Parent/Guardian 2
Incapacitated due to documented medical/psychiatric needs:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education or Training:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Actively seeking employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Seeking permanent housing/homeless:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment/Training

Parent/Guardian 1

Parent/Guardian 2

Employer:	_____	_____
Address:	_____	_____
City:	_____	_____
State:	_____	_____
Zip:	_____	_____
County:	_____	_____
School:	_____	_____
Address:	_____	_____
City:	_____	_____
State:	_____	_____
Zip:	_____	_____
County:	_____	_____

Monthly Income

If your income is 0 please provide a statement in the "additional comments" section as to how you support yourself and your family.

Parent/Guardian 1

Parent/Guardian 2

Work/Employment:	\$ _____	\$ _____
Child Support- Not TANF:	\$ _____	\$ _____
Spousal Support:	\$ _____	\$ _____
CalWORKS State-Only/TANF:	\$ _____	\$ _____
Social Security:	\$ _____	\$ _____
Unemployment:	\$ _____	\$ _____
Disability:	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____
Gross Monthly Family Income (before taxes):	\$ _____	\$ _____

You will be asked for current pay stubs and other documentation to verify your income before your child can be enrolled in any state funded program. If your actual income differs from the amount reported above, it may change your eligibility for programs.

Child(ren) Information

Unborn children may not be placed on the EL.

1. First Name: _____
Middle Initial (MI): _____
Last Name: _____
Birth Date: _____
Ethnicity: Caucasian Hispanic or Latino Other
 African American Native Hawaiian or Other Pacific

Language: English Spanish Other
District (if school age): _____
Gender: Male Female
Foster child? Yes No
Do you want services for this child? Yes No
Does this child have any special needs? Yes No

2. First Name: _____
Middle Initial (MI): _____
Last Name: _____
Birth Date: _____
Ethnicity: Caucasian Hispanic or Latino Other
 African American Native Hawaiian or Other Pacific

Language: English Spanish Other
District (if school age): _____
Gender: Male Female
Foster child? Yes No
Do you want services for this child? Yes No
Does this child have any special needs? Yes No

3. First Name: _____
Middle Initial (MI): _____
Last Name: _____
Birth Date: _____
Ethnicity: Caucasian Hispanic or Latino Other
 African American Native Hawaiian or Other Pacific

Language: English Spanish Other
District (if school age): _____
Gender: Male Female
Foster child? Yes No
Do you want services for this child? Yes No
Does this child have any special needs? Yes No

4. First Name: _____
Middle Initial (MI): _____
Last Name: _____
Birth Date: _____
Ethnicity: Caucasian Hispanic or Latino Other
 African American Native Hawaiian or Other Pacific

Language: English Spanish Other
District (if school age): _____
Gender: Male Female
Foster child? Yes No
Do you want services for this child? Yes No
Does this child have any special needs? Yes No

5. First Name: _____
Middle Initial (MI): _____
Last Name: _____
Birth Date: _____
Ethnicity: Caucasian Hispanic or Latino Other
 African American Native Hawaiian or Other Pacific

Language: English Spanish Other
District (if school age): _____
Gender: Male Female
Foster child? Yes No
Do you want services for this child? Yes No
Does this child have any special needs? Yes No

Program Care Requested

(Please check all that apply)

Are you looking for a specific program, provider, or location? Yes No Please list: _____

First available program

Additional Comments: _____

By signing below, I verify that all the information provided in this application is true and correct.

Parent/Guardian Signature: _____ Date: _____

Please note that information in this application will be entered on the EL for Riverside County, which is accessible by any agency receiving state funding. Data, without names, is shared with the State of California for reporting purposes.

Should you have any questions, please contact (800) 442-4927

Please return the completed application via email at

randr@rcoe.us or FAX [951] 826-4479 or

by mail: Riverside County Office of Education

Eligibility List

P.O. Box 868

Riverside, CA 92502-0868