

Division of Early Education Services Early Care and Education

Self-Declaration of Categorical Eligibility

I,	, declare that, I or a member of my family (parent or child in t	he household), receive/s
	dicated below. Please provide information/documentation for both	
Program : Attached is the proof of <i>cu</i>	<i>urrent</i> enrollment in the below checked program (please check all t	:hat apply):
 □ Medi-Cal □ CalFresh □ California Food Assistance Prog □ California Special Supplementa □ The Federal Food Distribution □ Head Start □ Early Head Start □ CalWORKs (Cash Aid) 	al Nutrition Program for Women, Infants, and Children (WIC)	
Income : Please select one of the following	lowing options as this is required information to verify income eligib	pility:
☐ Attached is a copy of the original time of my enrollment, or :	application for the means-tested government program indicating the	ne income declared at the
	y, that I do not have access to the application of the government pre income declared on the application for this program was (select or	
☐ Monthly \$		
or		
☐ Annually \$		
termination from the childcare and c	ding false or inaccurate information to access services is cause for dedevelopment programs provided through the Division of Early Educate and the provided documents are true.	ation Services (Participant
Parent/Guardian Name (Print)	Parent/Guardian Signature	