



Centralized Eligibility List (CEL) Application

Parent(s) Information

General Info

First Name _____
Middle Initial (MI) _____
Last Name _____

Male Female

SS # (Optional) _____

Birth Date _____

Work Phone _____

OK to call Work? Yes No

Cell/Message _____

Best Number to Call _____

Best Times to Call _____

Email _____

Married? Yes No

Single Parent? Yes No

Ethnicity _____

Do you speak English? Yes No

Parent/Guardian 2

Male Female

OK to call Work? Yes No

Married? Yes No

Single Parent? Yes No

Do you speak English? Yes No

Household Information

Address _____ Apt.# _____ City _____

State _____ County _____ Zip Code _____

Home Phone _____ Family Size _____

Did your family move during the past 24 months to look for or get an agricultural job? Yes No

If yes, what was the date you last moved? _____

Is your source of income 50% or more from agricultural work? Yes No

CalWORKS (Welfare)

Is the parent currently participating in CalWORKS activities or receiving cash aid?

Parent/Guardian 1

Yes No

Parent/Guardian 2

Yes No

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 Yes No

Yes No

Working Yes No

Yes No

Education or Training Yes No

Yes No

Actively seeking employment Yes No

Yes No

Seeking permanent housing/homeless Yes No

Yes No

Parent Characteristics

Teen parent
Migrant Worker
Student
Grandparent
Foster Parent

Parent/Guardian 1

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Parent/Guardian 2

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Employment/Training

Employer
Address
City
State
Zip
County

Parent/Guardian 1

Parent/Guardian 2

School
Address
City
State
Zip
County

Monthly Income

Parent/Guardian 1

Parent/Guardian 2

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

Work/Employment	\$ _____	\$ _____
Child Support- Not TANF	\$ _____	\$ _____
Spousal Support	\$ _____	\$ _____
Foster Care	\$ _____	\$ _____
CalWORKS State-Only/TANF	\$ _____	\$ _____
Workers Compensation	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Pensions	\$ _____	\$ _____
Other Public Assistance	\$ _____	\$ _____
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 CEL.

#1) First Name _____
MI _____
Last Name _____
Birth Date _____
SS # _____
Gender _____
Language English Spanish Other _____
District (if school age) _____
Grade _____
School _____

Ethnicity:
 American Indian or Alaskan Native Asian
 African American Native Hawaiian or Other Pacific
 Caucasian Hispanic or Latino Other

Foster child? Yes No
Do you want services for this child? Yes No
Living in your household? Yes No

#2) First Name _____
MI _____
Last Name _____
Birth Date _____
SS # _____
Gender _____
Language English Spanish Other _____
District (if school age) _____
Grade _____
School _____

Ethnicity:
 American Indian or Alaskan Native Asian
 African American Native Hawaiian or Other Pacific
 Caucasian Hispanic or Latino Other

Foster child? Yes No
Do you want services for this child? Yes No
Living in your household? Yes No

#3) First Name _____
MI _____
Last Name _____
Birth Date _____
SS # _____
Gender _____
Language English Spanish Other _____
District (if school age) _____
Grade _____
School _____

Ethnicity:
 American Indian or Alaskan Native Asian
 African American Native Hawaiian or Other Pacific
 Caucasian Hispanic or Latino Other

Foster child? Yes No
Do you want services for this child? Yes No
Living in your household? Yes No

#4) First Name _____
MI _____
Last Name _____
Birth Date _____
SS # _____
Gender _____
Language English Spanish Other _____
District (if school age) _____
Grade _____
School _____

Ethnicity:
 American Indian or Alaskan Native Asian
 African American Native Hawaiian or Other Pacific
 Caucasian Hispanic or Latino Other

Foster child? Yes No
Do you want services for this child? Yes No
Living in your household? Yes No

