

Mail to:
RCCS
PO Box 16
Guerneville, CA 95446

WEL Application

Or Fax to:
(707) 869-2616

| | Primary Parent | Secondary Parent (if info is not the same) |
|-----------------------------------|----------------|--|
| First Name: | | |
| Last Name: | | |
| Date of Birth (DOB) | | |
| Marital Status | | |
| # of Adults and children under 18 | | |
| Adults relationship to children: | | |
| How Family heard about WEL? | | |
| Home Phone: | | |
| Alt. Phone (cell or other): | | |
| Work phone with extension: | | |
| Primary Language: | | |
| Email: | | |
| Address 1: Physical address | | |
| City, State, Zip | | |
| Address 2: Mailing address | | |
| City, State, Zip | | |
| County | | |
| Preferred Area for Service: | | |

What is your need/activity that requires child care? Please mark all that apply for each parent or guardian in the home:

(Name of Person This Applies to):

| | |
|---|--|
| <input type="checkbox"/> Have received TANF in the last 24 months | |
| <input type="checkbox"/> Employed | |
| <input type="checkbox"/> Seeking Employment | |
| <input type="checkbox"/> Seeking Permanent Housing | |
| <input type="checkbox"/> Vocational Training or Education | |
| <input type="checkbox"/> Parental Incapacitation | |

Name of any Current Recipient of CPS Services or At Risk Referral: _____

Total gross (before taxes) monthly household income for all children & adults in the home:

| | |
|--|--------------------------------------|
| \$ _____ Employment Wages (incl. tips) | \$ _____ TANF/Cash Aid |
| \$ _____ Self Employment | TANF end date: _____ |
| \$ _____ Child Support or Disregard Child Support | \$ _____ Foster Care Payment |
| \$ _____ Alimony | \$ _____ Rental Income |
| \$ _____ Unemployment | \$ _____ Financial Aid (grants only) |
| \$ _____ Disability/Worker's Comp | \$ _____ SSI/SSP |
| | \$ _____ SSA |
| \$ _____ "In Kind" Value (goods or services provided or exchanged for work, rent, child support, etc.) | |

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\$ _____ Other (please explain: _____)

\$ _____ Paid Out Child Support

Child 1

Child 2

| | | |
|-------------------------------|--------|--------|
| First Name | | |
| Last Name | | |
| Gender | | |
| Ethnicity | | |
| Special Needs | | |
| Birth Date | | |
| Application Date | | |
| Current Program | | |
| School | | |
| This Child is living at home? | Yes No | Yes No |
| Foster / Guardian Child? | Yes No | Yes No |
| CPS? | Yes No | Yes No |
| Limited English proficiency? | Yes No | Yes No |
| Exceptional Needs | Yes No | Yes No |

Child 3

Child 4

| | | |
|-------------------------------|--------|--------|
| First Name | | |
| Last Name | | |
| Gender | | |
| Ethnicity | | |
| Special Needs | | |
| Birth Date | | |
| Application Date | | |
| Current Program | | |
| School | | |
| This Child is living at home? | Yes No | Yes No |
| Foster / Guardian Child? | Yes No | Yes No |
| CPS? | Yes No | Yes No |
| Limited English proficiency? | Yes No | Yes No |
| Exceptional Needs | Yes No | Yes No |

The information included on this application and any information given to RCCS for the purpose of receiving subsidized childcare will not be shared with any outside entity other than governmental agencies requiring this data to fund childcare programs.