

# CalWORKs Stage One Child Care Application Form

## Applicant Identification

- **Submission Date:** 27/04/2025
- **CalWORKs Case Number:** CW888999000
- **CalWORKs Beginning Date of Aid:** 10/03/2024
- **Full Name:** Emily Davis
- **Address:** 456 Pine Ave, Daly City, CA 94015
- **Phone Number:** (650) 555-7788

## Declaration & Consent

I certify under penalty of perjury that all information provided is true and correct to the best of my knowledge. I authorize the county to verify income, CalWORKs history, and other related information.

- **Signature:** \_\_\_\_\_ **Date:** 27/04/2025
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## Household Information

- **Household Composition:** 1 adults, 1 child
  - **Two-Parent Household:** No
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## CalWORKs Status

- **Currently Receiving CalWORKs:** Yes ☒
- **Former Client:** No
- **Last Received (previous period):** N/A
- **Reason for Former Status:** N/A

- **Sanction Status (Pre-Oct 1, 2019):** N/A
  - **Intend to Cure Sanction (if applicable):** N/A
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## **Parent Information**

Parent 1:

- WTW Participant: No
- Reason Unavailable for Care: N/A
- Employment Status: Employed full-time

*Note: Care provided by a parent/legal guardian is not reimbursable.*

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## **Income & Benefits**

Per policy, adjusted monthly income is average over last 12 months, minus child support paid and allowable expenses.

Parent 1:

- Primary Wages: \$3,000
  - Secondary Wages: \$0
  - Disability/Unemployment: \$0
  - Child Support Received: \$0
  - Child Support Paid: \$0
  - CalWORKs Cash Aid: \$0
  - SSI/SSP: \$0
  - Self-Employment Expenses: N/A
  - Adjusted Monthly Income: \$3,000
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**Child Information**

Child 1:

- Name: Michael Davis
- DOB: 05/05/2021
- Age: 3
- Relationship: Biological
- Eligibility Criteria: N/A
- Authorized for WTW: No
- Incapacity Details: No

*For children with incapacity, attach physician's/licensed psychologist's statement.*

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**Certification Period**

- **12-Month Stage One Eligibility:** N/A

**Recertification Triggers (check if applicable):**

- ☐ Addition of a child to the certified unit
  - ☐ Change of child care provider
  - ☐ Child turns age 13
  - ☐ Other: N/A
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**Provider Change / Inter-County Transfer**

I understand I must notify the county within 10 days of changing providers or moving to prevent service interruptions.

- **Applicant Initials:** ED