

Migrant AP Child Care- MCAP Waiting List Application

The Migrant AP Child Care Program maintains a waiting list in accordance with the Program admissions priorities. All information that you provide on the waiting list is kept confidential.

Thank you for your interest in the MCAP Program. In order to qualify for the Migrant AP Child Care Program, the following requirements must be met:

- Migrant** – The family must migrate at least once in the past twelve months or Intend to for the purposes of agricultural work.
- Agricultural Worker-** Work in agriculture and earn in at least fifty percent (50%) of their total gross income from employment in fishing, agriculture or agricultural related employment.
- Income -** Family's adjusted monthly income is at or below seventy-five percent (75%) of the state median income; as adjusted for family size.
- Who qualifies for child care-** Children between 0 and 12 years of age and up to age 21 if a child has special needs or is disabled.
- Need-** Parents must be working, seeking employment, incapacitated, homeless and seeking permanent housing or attending vocational training.

Application Process:

1. Complete the application and provide all required documents which include:
 - Copies of your child(ren) birth certificate(s)
 - Copies of Immunization card for each child
 - Proof of the last 12 months of income
 - Proof of current address
 - Proof of migration
2. **Mail application to:**
Community Action Partnership of Kern
Migrant AP Child Care Program
5005 Business Park North
Bakersfield, CA 93309
Or Drop off at:
Migrant AP Child Care- MCAP

3. After receiving a complete application, the application will be processed and a priority number or rank number will be assigned to you the program will notify you of your status on the waiting list.
4. When your rank number is selected, MCAP will Schedule an orientation. You will be notified by mail or telephone of the date, time and location of your orientation.
5. Applicants on the waiting list are advised to update their application immediately if any changes in telephone number, address, family size and/or income may occur.

NOTE: Being placed on the waiting list does not guarantee placement into the Migrant AP Child Care Program.

*If you have any questions related to the waiting list, please call **1.800.259.8866***

Date	_____	FID	_____
Mailed	_____		
[]	Returning Family		
[]	Initial Application		
[]	Information Change		

Waiting List Application

Note: Incomplete applications CANNOT be processed.

APPLICANT A

Name (First & Last)

Social Security Number

Address

City State Zip Code

() _____ () _____
Home # Work

APPLICANT B

Name (First & Last)

Social Security Number

Address

City State Zip Code

() _____ () _____
Home # Work

***Please check the reason you need child care services
(Check all that apply)***

APPLICANT A:

- _____ Employed
- _____ Seeking employment
- _____ Incapacitation
- _____ Education or training
- _____ Homeless or seeking housing
- _____ Other (Please explain)

APPLICANT B:

- _____ Employed
- _____ Seeking employment
- _____ Incapacitation
- _____ Education or training
- _____ Homeless or seeking housing
- _____ Other (Please explain)

INCOME

Please include all that apply and total family income before deductions

APPLICANT A:

- \$ _____ Employment
- \$ _____ Self Employed
- \$ _____ Unemployment
- \$ _____ TANF
- \$ _____ Social Security/ SSI
- \$ _____ Worker's Comp/ Disability
- \$ _____ Child support received
- \$ _____ Child support paid
- \$ _____ Other (explain)
- \$ _____ Total

APPLICANT B:

- \$ _____ Employment
- \$ _____ Self Employed
- \$ _____ Unemployment
- \$ _____ TANF
- \$ _____ Social Security/ SSI
- \$ _____ Worker's Comp/ Disability
- \$ _____ Child support received
- \$ _____ Child support paid
- \$ _____ Other (explain)
- \$ _____ Total

