

***Migrant Child Care  
Alternative Payment Program - MCAP***

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5005 Business Park North, Bakersfield, CA 93309  
Telephone: 1-800-259-8866 Fax: 661-396-1746



**Application for Program Waiting List**

In order to receive our services, parents need to meet the following eligibility requirements:

- A. Agricultural worker - At least fifty percent (50%) of your total income must be from fishing, agriculture or agriculturally related work.
- B. Migrate - The family must migrate at least once every 12 months for agriculture work purposes. If you migrate you must maintain a temporary residence for at least 30 days. The distance of one residence to another must be at least 75 miles. For the initial application, you must establish residency in one of the six (6) entry counties which are: Kern, Tulare, Fresno, Kings, Madera and Merced. Afterwards, if you are migrating within California, you may continue to receive services. If this is your first time applying for services and you have not migrated recently but intend to in the following 12 months, then you may qualify for one certification period as long as all other eligibility and need requirements are met. A family may only qualify with an "Intent to migrate" when they are applying to receive services for the first time. Afterwards, if the family has not migrated for the purposes of agricultural work during their first certification, the family will no longer be eligible for services.
- C. Income - The family monthly income must not exceed the income eligibility guidelines. The last 12 months of income will be calculated for eligibility.
- D. Need - Families should have at least one of the following needs:
  - Employment
  - Seeking Employment
  - Incapacitation
  - Vocational Training
  - Homeless/Seeking Permanent Housing
- E. Children - Have children between 0 and 12 years old. Children with exceptional needs may be served from birth to 21 years of age as long as all the eligibility requirements are met.

**Application Procedure:**

- 1. Submit a complete application with all of the necessary documentation.
- 2. Once a complete application is received, it will be processed and assigned a rank number.
- 3. When the program is able to enroll, the program will notify a family by mail or phone of the date, time, and place for an orientation.
- 4. Families on the Wait List should report any changes in the household such as telephone number, address, and family size.
- 5. Mail the application to: (or call us for an appointment should you wish to deliver in person)

**Community Action Partnership of Kern  
MCAP Program  
5005 Business Park North  
Bakersfield, CA 93309  
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FID# \_\_\_\_\_ Date Received: \_\_\_\_\_  
 [ ] Returning [ ] New Family

## Application for Wait List

*Note: Your application should be complete and include all necessary documents in order to be placed on the wait list.*

**Adult A (Mother or Father):**

**Adult B (Mother or Father):**

\_\_\_\_\_  
 First & Last Name

\_\_\_\_\_  
 First & Last Name

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

( ) \_\_\_\_\_  
 Cell Phone Number

( ) \_\_\_\_\_  
 Home or Message Phone Number

**Children:** (Include all dependents regardless of whether they need services).

First & Last Name	Date of Birth	Relation	YES ___ NO ___ Special Needs
_____	_____	_____	YES ___ NO ___ Special Needs
_____	_____	_____	YES ___ NO ___ Special Needs
_____	_____	_____	YES ___ NO ___ Special Needs
_____	_____	_____	YES ___ NO ___ Special Needs
_____	_____	_____	YES ___ NO ___ Special Needs

Please indicate the reasons why child care services are needed.

*(Indicate all that apply)*

**Adult A:** \_\_\_ Working \_\_\_ Seeking Employment \_\_\_ Incapacitation \_\_\_ Vocational Training \_\_\_ Homeless \_\_\_ Other: \_\_\_\_\_.

**Adult B:** \_\_\_ Working \_\_\_ Seeking Employment \_\_\_ Incapacitation \_\_\_ Vocational Training \_\_\_ Homeless \_\_\_ Other: \_\_\_\_\_.

**Primary Language:** \_\_\_ English \_\_\_ Español \_\_\_ Dialecto \_\_\_ Other: \_\_\_\_\_.

**Can you read & Write:** \_\_\_ English \_\_\_ Español \_\_\_ Other: \_\_\_\_\_.

**Family Income:** (Please include the monthly totals before deductions for all sources of income).

Salary / Income from Work	\$
Unemployment	\$
Monetary Assistance	\$
Child support	\$
Other (Explain):	\$

I, declare that the above information is true and correct. I understand that this information is confidential and will be used to establish my eligibility and priority rank number on the wait list. The information will be verified by the Program before services are approved.

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date