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
Telephone: 1-800-259-8866  Fax: 661-396-1746
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):
______________________________            ________________________________
First & Last Name                                                              First & Last Name
_______________________________________________________________________________________________
Address                                     City                                  State                               Zip Code
(               )_____________________________                                   (               )____________________________
Cell Phone Number                                                                            Home or Message Phone Number

Adult B (Mother or Father):

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

_________________________________________________________________________________YES  ___  NO___
First & Last Name                                                          Date of Birth                            Relation          Special Needs

_________________________________________________________________________________YES  ___  NO___
First & Last Name                                                          Date of Birth                            Relation          Special Needs

_________________________________________________________________________________YES  ___  NO___
First & Last Name                                                          Date of Birth                            Relation          Special Needs

_________________________________________________________________________________YES  ___  NO___
First & Last Name                                                          Date of Birth                            Relation          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).

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<thead>
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<tbody>
<tr>
<td>Salary / Income from Work</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$</td>
</tr>
<tr>
<td>Monetary Assistance</td>
<td>$</td>
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<td>Child support</td>
<td>$</td>
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<tr>
<td>Other (Explain):</td>
<td>$</td>
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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