



Kings Community Action Organization Emergency Child Care Interest Form for Essential Workers and At-Risk Populations

This is an interest form. This does not guarantee services. Interest forms are prioritized based on priorities set forth by the Governor of California and the Department of Education. Our staff will contact you if you are deemed the next most eligible family and funding is still available.

Please print clearly.

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Email: _____

Gross MONTHLY Income (before taxes): _____ Family Size: _____

How many children in your family (under age 13) need child care services?: _____

What is your need for child care:

- | | |
|---|---|
| <input type="checkbox"/> Child Protective Services
<input type="checkbox"/> Emergency Child Care Foster Bridge
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Domestic Violence Survivor | <input type="checkbox"/> Child with disabilities/special health care needs and IEP/IFSP includes Early Learning and Care services |
|---|---|

Are you able to work remotely?: YES _____ NO _____

In what Essential Sector are you employed:

- Healthcare/Public Health or Emergency Service
- Food/Agriculture, Energy, Water/Wastewater, Transportation/Logistics, Communications/IT, Community-based Government Operations/Essential Functions, Critical Manufacturing, Hazardous, Financial, Chemical, Defense Industrial Base, or Staff/Providers of Child Care and Education Services
- Other Essential Sector

Is there a second parent in the home?: YES _____ NO _____

Second Parent Name: _____ Phone: _____

Email: _____ (if different than above)

What is the second parent's need for child care:

- | | |
|--|---|
| <input type="checkbox"/> Child Protective Services | <input type="checkbox"/> Emergency Child Care Foster Bridge |
|--|---|

- Homelessness
- Domestic Violence Survivor
- Child with disabilities/special health care needs and IEP/IFSP includes Early Learning and Care services
- Incapacitated and unable to care for children

Is the secondary parent able to work remotely?: YES _____ NO _____ N/A _____

In what Essential Sector is the second parent employed:

- Healthcare/Public Health or Emergency Service
- Food/Agriculture, Energy, Water/Wastewater, Transportation/Logistics, Communications/IT, Community-based Government Operations/Essential Functions, Critical Manufacturing, Hazardous, Financial, Chemical, Defense Industrial Base, or Staff/Providers of Child Care and Education Services
- Other Essential Sector

Do you have a child care provider?: Yes _____ NO _____

Is your provider?: Licensed _____ Exempt (Family, Friend or Neighbor) _____

Provider's Name: _____ Phone: _____

Please sign and date indicating that the information reported in this "Interest Form" is true and correct to the best of your knowledge.

Signature: _____ Date: _____

For Office Use Only:

Date Received: _____

Entered on Interest Spreadsheet: _____

Staff Initials: _____

Priority Category: _____