

Humboldt Child Care Stabilization Fund



Parent Subsidy Application

Turn in this application by emailing the completed application to jade@northedgefinancing.org or mailing/dropping off at the North Edge office 707 K St, Eureka, CA 95501 Attention: Jade Hoff. If you have any questions about this application or the program, you can reach Jade at 707-273-6907.

Information submitted with this application is used to verify eligibility for the program. Your information will be kept strictly confidential and used only for the purposes of this program.

Applicants must have a child under the age of 5 enrolled in child care with a licensed provider and meet the income qualifications for the program. For full details about the eligibility requirements, please visit our website HumboldtChildCare.org.

Section 1 -Applicant Details

Parent/Guardian Name _____

Home Address _____

Phone Number _____

Email Address _____

Section 2 – Child Care Details

Please complete the following section for each eligible child (under 5, in licensed child care). Full time is an average of 21 or more hours of care per week.

Name _____ Age _____ FT PT

Provider Name _____ License Number _____

Provider Email Address _____

Name _____ Age _____ FT PT

Provider Name _____ License Number _____

Provider Email Address _____

Name _____ Age _____ FT PT

Provider Name _____ License Number _____

Provider Email Address _____

A Humboldt County Initiative Administered by North Edge

707 K Street Eureka, CA 95501 | 707.273.6907 | HumboldtChildCare.org

Section 3 – Income Verification

If you do not receive the state subsidy for child care and/or you are not enrolled in any of the listed programs, please submit 2 paystubs for income verification for the program. You may qualify for this program even if you do not qualify for other programs.

Family Size: _____ Household Combined Gross Monthly Income: _____

- Do you receive the state child care subsidy? If you selected no, are you interested in applying?
- | | |
|------------------------------|------------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> YES |
| <input type="checkbox"/> NO | <input type="checkbox"/> NO |

Are you enrolled in any of the following programs?
Medi-Cal, CalFresh, California Food Assistance Program, California Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), The Federal Food Distribution Program on Indian Reservations, Head Start, Early Head Start, CalWORKs (cash aid and services)

- YES
 NO

Section 4 – Attestation

By submitting this application, I attest that all information provided is accurate and I am the legal guardian responsible for making child care payments for the child(ren) for whom I am applying.

Parent/Guardian Signature

Date