

SELF-CERTIFICATION OF ELIGIBILITY FOR COVID-19 EMERGENCY CHILD CARE

I, _____ (parent or guardian) certify that I am eligible for COVID-19 Emergency Care as:

1. At-Risk Population
 - i. Child receiving services from CPS or is at risk of abuse or neglect;
 - ii. Child eligible through the Emergency Child Care Bridge Program for Foster Children; or
 - iii. Experiencing homelessness as defined in the McKinney-Vento Homeless Assistance Act
 - iv. A Child of domestic violence survivors; or
2. An Essential Worker under the California definition of essential worker pursuant to the Governor's Executive Order N-33-20, and I am unable to work remotely to complete my job duties and require child care in order to perform the essential work.
3. A parent of a child with disabilities or special health care needs whose individualized education program or individualized family support plans include early childhood education service;

I understand that this self-certification is a requirement for my child/children

_____ (Child/children's names)

to be enrolled in an emergency child care program.

Please check the eligibility category and/or sector of employment in which you are engaged:

<input type="checkbox"/>	Parent of a child who is receiving CPS or at risk
<input type="checkbox"/>	Parent of any child eligible through the Emergency Child Care Bridge Program for Foster Children
<input type="checkbox"/>	Parent of a child with disabilities or special health care needs whose individualized education program or individualized family support plans include early childhood education service
<input type="checkbox"/>	Family experiencing housing insecurity or homelessness as defined in the McKinney-Vento Homeless Assistance Act.
<input type="checkbox"/>	Domestic violence survivor
<input type="checkbox"/>	Health Care Services sector
<input type="checkbox"/>	Emergency Services sector

<input type="checkbox"/>	Food and Agriculture sector
<input type="checkbox"/>	Staff and providers of child care and education services
<input type="checkbox"/>	Workers supporting critical infrastructure
<input type="checkbox"/>	State and local government worker
<input type="checkbox"/>	Energy sector
<input type="checkbox"/>	Transportation and Logistics
<input type="checkbox"/>	Communications and IT sector
<input type="checkbox"/>	Critical Manufacturing, Hazardous Materials, Financial Services, and Chemical sectors
<input type="checkbox"/>	Any other fields listed in EO N-33-20

Total hours of child care per week requested: _____

If for any reason this attestation of being an Essential Worker or an At-Risk Population is found to be false or untrue, I understand that I will not have met an eligibility requirement for the receipt of emergency child care and my child may be subject to immediate disenrollment from any program he or she is attending.

By my signature below, I attest that the information provided above is true and correct.

Parent or Guardian Name (printed): _____

Parent or Guardian Signature: _____

Date: _____