

24 Hour Oakland Parent Teacher Children Center Inc.



Funded in part by California Department of Education Child Development

510 534-6030 Telephone

510 534-9140 Fax

4700 International Blvd.

Oakland, California 94601

Dear Prospective Parent,

Congratulations! Completion of the attached waiting list form will add you to our list as waiting for child development services. You may return the completed application to Gwen Bell-Babaoye or LaToya Singleton @ 4710 47th Avenue or you may drop it in the "Fee Box" located in the classroom at 47th Avenue Site. (On the Corner of East 14 and 47th)

Thank you for applying to our program. Your application will be reviewed and then ranked according to your household income, family size and need of service. You will get a call regarding your status once reviewed.

Please note: If another applicant is ranked lower than you are, they are likely to be called first. We must follow State guidelines as to who to accept in our program.

Thank you for your application,

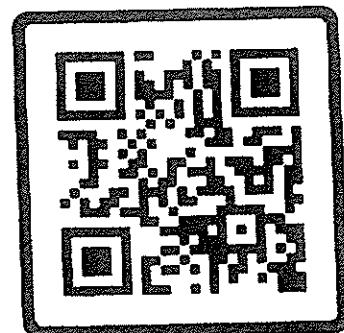
Gwen Bell-Babaoye, Program Coordinator

LaToya Singleton, Administrative Assistant

Kevin Lacy, Program Assistant

WEBSITE

24houroptcc.com



USDA NONDISCRIMINATION STATEMENT

For all other FNS nutrition assistance programs, state, or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained on-line at: <https://www.usda.gov/sites/default/files/documents/ad-3207.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. Fax:

(833) 256-1665 or (202) 690-7442; or

3. Email:

Program.Intake@usda.gov

24 Hour Oakland Parent Teacher Children Center, Inc
Wait List Form



Today's Date: _____

What Is the Primary Language Spoken at Home? _____

PARENT/GUARDIAN #1

First Name		Last Name		Middle Initial
Home Phone #	Alternate Phone #	Work Phone #	Birthdate	
Relationship to child		Marital Status	Preferred Language	
Are you currently a CalWORKs recipient? Y or N		Are you a Foster Parent? Y or N	If so, please submit all paperwork with this application.	

PARENT/GUARDIAN #2 (Only complete if this parent/guardian lives in the home)

First Name		Last Name		Middle Initial
Mobile Phone #	Alternate #	Work Phone #	Birthdate	

HOUSEHOLD INFORMATION

Street Address	City	State	Zip code	County

Family size: <i>Number of adults and children related by blood, marriage or adoption living in the home</i>	#	
REASON FOR NEEDING CARE (<i>Check all that apply</i>) Write in info below if checked	Parent/Guardian #1	Parent/ Guardian #2
Working- _____ am to _____ pm M T W Th F Su (zip code)	<input type="checkbox"/>	<input type="checkbox"/>
Education/Training- _____ am to _____ pm M T W Th F (zip code)	<input type="checkbox"/>	<input type="checkbox"/>
Medically Incapacitated/Disabled	<input type="checkbox"/>	<input type="checkbox"/>
Actively seeking employment	<input type="checkbox"/>	<input type="checkbox"/>
Homeless/seeking permanent housing	<input type="checkbox"/>	<input type="checkbox"/>
NO NEED – check box <input type="checkbox"/> Agricultural or migrant worker <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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24houroptcc@gmail.com

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Wait List Form**

HOUSEHOLD MONTHLY INCOME AND SOURCES- Enter total dollars, before taxes and deductions for each source of income for parents in the household

GROSS MONTHLY INCOME	Parent/Guardian #1	Parent/Guardian #2
Employment Salary or wages/ Self-employment income (before taxes)	\$	\$
Cash Aid (Cal Works)	\$	\$
Child/ Spousal support that you receive	\$	\$
Unemployment benefits	\$	\$
Worker's compensation	\$	\$
Disability benefits	\$	\$
Other Income (please describe):	\$	\$
CHILDREN LIVING IN THE HOME (under the age of 18)		

1st First Name- _____ Last Name- _____ Birthdate- _____

Does your child have any Special Needs? No Special Needs IEP (Individual Educational Plan) IFSP (Individual Family Service Plan) Other

Is your child currently enrolled in a subsidized childcare program? Yes or No If Yes, where? _____

Services Needed: (Check what applies) Full-Time Part-Time No Services Needed

2nd First Name- _____ Last Name- _____ Birthdate- _____

Does your child have any Special Needs? No Special Needs IEP (Individual Educational Plan) IFSP (Individual Family Service Plan) Other

Is your child currently enrolled in a subsidized childcare program? Yes or No If Yes, where? _____

Services Needed: (Check what applies) Full-Time Part-Time No Services Needed

3rd First Name- _____ Last Name- _____ Birthdate- _____

Does your child have any Special Needs? No Special Needs IEP (Individual Educational Plan) IFSP (Individual Family Service Plan) Other

Is your child currently enrolled in a subsidized childcare program? Yes or No If Yes, where? _____

Services Needed: (Check what applies) Full-Time Part-Time No Services Needed

*** Please remember that this is ONLY an application for our waiting list for subsidized care. This application DOES NOT guarantee that you will receive services.**

The information that I have provided is true and correct. I give permission for this information to be shared within the within this Agency.

Signature: _____ **Date:** _____

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ADDITIONAL CHILDREN LIVING IN THE HOME (NO NEEDED SUBSIDIZED CARE)

First Name	Last Name	Birthdate
First Name	Last Name	Birthdate
First Name	Last Name	Birthdate
First Name	Last Name	Birthdate

Does your child(ren) currently receive Med-i-Cal services? Yes or No (Please Circle answer)

Do you currently receive W.I.C. for your child(ren)? Yes or No

Does your family receive CalFresh? Yes or No

Do you have a current CPS case on file with the State? Yes or No

If so, what County? _____

Are there any special physical or mental concerns we need to know about?

We are always accepting applications for our program. You may add your child to the waitlist as early as 1(one) day old. We accept children 2 years old – 4 years old into the program. If you know anyone who needs subsidized childcare, and DO NOT qualify for TK (Transitional Kindergarten) please have them contact our administrative office for more information.

The application will be pulled based on Priority and rank.

Thank you for choosing our agency for your future child-development services need.

Sincerely,

24 Hour Staff

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Oakland, Calif. 94601

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