



*The mission of Children's Resource & Referral of Santa Barbara County is to develop strong and healthy families by providing education, care, and resource systems to children, their parents, and caregivers, with a special emphasis on low income and under-represented children and families.*

[www.crrsbc.org](http://www.crrsbc.org)

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## California Alternative Payment Program (CAPP)

The APP administered by the Children's Resource & Referral of Santa Barbara County is a parental choice program that serves children ages 0-13 years for parents while they work, job search or are in training. Eligibility is determined according to need, the size of your family and gross monthly income. Families may choose from a variety of child care settings; child care centers, licensed family child care homes, a friend, family member or a neighbor (license exempt).

### **How do I get selected?**

Funding for the Alternative Payment Program is limited; families will be served based on available funds from the California Department of Education. Families who apply will be placed on a waiting list. Each applicant receives a rank number that is calculated using gross monthly income and family size. Rank numbers range from 1-61. It is common to have multiple families with the same rank number. Families with the lowest ranking number are served first. Your ranking number will not change unless your income or family size changes.

Families are ranked for enrollment in accordance with the guidelines established by the State of California. Admission priorities are as follows:

- ✓ **Priority 1** – Children receiving child protective services through the local county welfare department
- ✓ **Priority 2** – Children at risk of abuse or neglect, upon written referral from a legal, medical, or social services agency
- ✓ **Priority 3** – Families with the lowest gross monthly income adjusted for family size

### **How long is the wait?**

The wait varies. Unfortunately, it is not possible to give an approximate time. Enrollments are only made when funding becomes available

***Placement on the eligible list is not a guarantee of services.***

### **What Happens Next?**

Update your application every 6 months & anytime there is a change in your information. Call us at (805) 925-7071 to update, ask questions or to check on your status.



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## ALTERNATIVE PAYMENT PROGRAM CHILD CARE ELIGIBILITY LIST APPLICATION

<b>Primary Language</b>	<input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Other	Office Use: Ranking #: _____
		<b>Check one for each Parent/Guardian Living in the Home</b>
<input type="checkbox"/> Biological Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	<b>Parent A:</b>	<b>Birth Date:</b> <input type="checkbox"/> Working <input type="checkbox"/> In School <input type="checkbox"/> Homeless <input type="checkbox"/> Seeking Work <input type="checkbox"/> Incapacity
<input type="checkbox"/> Biological Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster	<b>Parent B:</b>	<b>Birth Date:</b> <input type="checkbox"/> Working <input type="checkbox"/> In School <input type="checkbox"/> Homeless <input type="checkbox"/> Seeking Work <input type="checkbox"/> Incapacity
<b>Physical Address:</b>	<b>City:</b>	<b>Zip:</b>
<b>Phone No:</b> ( )	<b>Alternate No:</b> ( )	<b>Email:</b>

Have you received CalWorks-cash aid in California within the past 2 years?  Yes  No If yes, Where? \_\_\_\_\_

HOUSEHOLD INCOME			
Parent A		Parent B	
Work Wages (Gross)	\$	Work Wages (Gross)	\$
Cash Aid	\$	Cash Aid	\$
Child / Spousal Support	\$	Child / Spousal Support	\$
Unemployment	\$	Unemployment	\$
Disability	\$	Disability	\$
Tips / Bonuses	\$	Tips / Bonuses	\$
Financial Aid	\$	Financial Aid	\$
<b>MONTHLY TOTAL</b>	<b>\$</b>	<b>MONTHLY TOTAL</b>	<b>\$</b>

Are you currently receiving any of the following assistance? Please check all that apply:  Medical  CalFresh  WIC  
 California Food Assistance Program  The Federal Food Distribution Program on Indian Reservation  Head Start/Early Head Start

List all Children Residing in the Home	Gender M/F	Birth Date	Does child have special needs? (CPS, IEP, or IFSP?)
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Enrollments are only made when funding becomes available. Placement on the eligibility list is not a guarantee of service

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL, EMAIL, OR DELIVER APPLICATION  
 TO: Children's Resource & Referral  
 2861 Airpark Drive, Second Floor  
 Santa Maria, CA 93455  
 (805) 925-7071 / Email: [carewait@crrsbc.org](mailto:carewait@crrsbc.org)