EARLY CHILDHOOD EDUCATION PROGRAM

Berkeley
UNIVERSITY OF CALIFORNIA

SUBSIDIZED CHILD CARE APPLICATION INSTRUCTIONS

The University of California **Early Childhood Education Program** (ECEP) is open Monday through Friday from 8:15 a.m. to 5:15 p.m. We offer **full time** early childhood education to children ages **3 months to 58 months**. Children entering in the fall semester must be within this age range as of the first day of regular University instruction. Infants must be at least 3 months by the first day of the new school year (in August) to be age eligible for enrollment.
Part-time childcare is not available.

WHAT TO SUBMIT WITH THIS APPLICATION

- **Income Verification.**
  Provide copies of all family income sources. Verification may include, but not limited to:
  - One month of consecutive most recent earnings statements or check stubs
  - Financial Aid Award Letter, fellowship, scholarships, government support, or sponsorship letters, etc.
  - Income tax statement from previous year (only for seasonal or self-employed parents)
  - Cash Aid/Food Stamps Notice of Action benefits
  - Child support/alimony payments
  - If receiving benefits from Medi-Cal, Calfresh, CalWorks, SNAP, WIC, FDPIR or Head start, submit application submitted to government agency or self-declared amount reported on the application
  - Verification of any other income sources listed on page 2 of this application

- **Need Eligibility Verification (reason for needing child care).**
  - **If parent is a student, provide copies of the following:** If UC Berkeley student, class schedule from Cal Central student's account. Class schedule must contain student's full name, name of college, semester term, meeting times, and number of units.
  - **If parent is working, provide copies of the following:** one-month worth of consecutive most recent pay stubs. If paid biweekly include two consecutive pays stubs.

- **Proof of California Address:** Proof of California address is required to apply for state subsidy. Third party verification may include copy of rental lease agreement or any major utility bill.

WHERE TO SUBMIT APPLICATION

Complete all three pages of the subsidized application and include supportive documents to verify income and need eligibility. Submit the application to the UC Berkeley Early Childhood Education Program by email at
ecep@berkeley.edu and/or at moreida@berkeley.edu.

ELIGIBILITY REQUIREMENTS

ECEP reserves a limited number of subsidized spaces for UC Berkeley students who meet need and income eligibility requirements set by the California Department of Education and the Department of Social Services.

Income eligibility. Preschool children (CSPP). Total family's monthly gross income must be below 100 % State Median Income (SMI). Infant & Toddler children (CCCTR). Total family's monthly gross income must be below 85% State Median Income (SMI). See income ceiling table on the next page.

Need eligibility is the reason a family needs child care. If there are two parents in the home, both parents must have a reason for needing child care. Need eligibility options are stated below:

- At least one parent is a registered UC Berkeley student
- Second parent must be engaged in one of the following:

a) Working (full time 35-40 hours per week)	e) Homeless and seeking permanent housing
b) Education or vocational training (attending school)	f) Parent is incapacitated because of medical or psychiatry special need
c) Actively seeking employment	
d) Enrolled in an education program (ESL or GDE)	

FAMILY FEES

Fees are assessed on a sliding scale set by the State Department of Education, and are assessed based on family size and gross monthly income. Family fee schedule may change annually.

APPLYING AS A SINGLE PARENT

A parent may apply as a single parent if only one parent resides in the household. The other parent is absent from the home and does not live in the same residence. A self-certification declaration under penalty of perjury confirming single parent status will be required upon enrollment. Court documents are required to verify child's custody arrangements, restraining orders (when applicable), etc.

FAMILY SIZE

Family means the parents and the children for whom the parents are responsible, who comprise the household in which the child receiving childcare services is living.

ENROLLMENT PRIORITIES

Enrollment priorities are set by California Department of Education, which requires prioritizing families as follows:
1st priority CPS and At Risk Children; 2nd priority exceptional needs preschool children; 3rd Priority when a language other than English is spoken in the family; 4th Sibling g of currently enrolled children; 5th priority UC Berkeley student families with the lowest gross monthly income.

INTERNATIONAL STUDENTS

Any document in a foreign language required for enrollment must be professionally translated to English. Enrollment documents may include Scholarship/fellowship letter, birth certificates, child's immunization and parents' immunization records. The child's' physician's report will be required at the time of enrollment. Proof of California address is required to apply for subsidy. Parents may apply with their home country address and as soon as proof of California address is available provide a copy to the Admissions Coordinator.

WHAT TO EXPECT AFTER YOU HAVE APPLIED

The application is reviewed and assessed for eligibility upon receiving the application. The Admissions Coordinator will contact parent(s) confirming receipt and/or if additional supporting documents are needed to verify income and need eligibility. If a space is available, the Admissions Coordinator will contact parent(s) via email with a childcare offer or if a space is not available, parent will be notified as well. Be sure to provide accurate contact information such as email and phone numbers in the application.

ELIGIBILITY WAITING LIST

Subsidized applications are placed on the eligibility waiting list according to the California Department of Education and Department of Social Services income-ranking sheet. Applications with the lowest income are placed first in the waiting list. Families with higher income are placed in order of income from lowest to highest regardless of the date the application is received. As a result, a family's position in the waiting list may change when new families with lower income are added to the waiting list; therefore, applying early in advance does not necessarily mean that the application will be placed first in the waiting list.

FOR INFORMATION AND QUESTIONS

Contact the Admissions Coordinator at moreida@berkeley.edu or by phone at 510-643-1482. You may also visit us our main office at 2339 Haste St. Berkeley, CA 94720 or contact us via email at ecep@berkeley.edu

INCOME CEILING EFFECTIVE OCTOBER 1, 2023

Infant &Toddlers (CCTR) 3-31 months	85% SMI	Preschool (CSPP) 32-58 months	100% SMI
Family Size	Gross Monthly Income	Family Size	Gross Monthly Income
1 or 2	$6,128	1 or 2	$7,209
3	$6,931	3	$8,154
4	$8,025	4	$9,441
5	$9,309	5	$10,952
6	$10,593	6	$12,462
7	$10,834	7	$12,745
8 or more	$11,074	8	$13,029

Child(ren)'s Name(s) and Birthdate(s) for whom you are applying (children must be at least 3 months old by the first day of the school Year (August) to meet the age requirement for enrollment):

Last Name	First Name	Male/Female	Birth Date (month/day/year)	Racial/Ethnic Identity
Last Name	First Name	Male/Female	Birth Date (month/day/year)	Racial/Ethnic Identity
Last Name	First Name	Male/Female	Birth Date (month/day/year)	Racial/Ethnic Identity

Home Address:
Street _____ Apt #_____ City _____
State _____ County _____ Zip Code_____

UC Berkeley Primary Parent/Guardian	**Second Parent/Guardian/Domestic Partner**
First Name _____	First Name _____
Middle Name_____	Middle Name_____
Last Name _____	Last Name _____
Home/Mobile Phone _____	Home/Mobile Phone _____
UC Berkeley E-mail _____	UC Berkeley E-mail (if applicable) _____
Personal E-mail_____	Personal E-mail _____
UC Berkeley Student ID_____	UC Berkeley Student ID_____

Date you would like child to **START being considered for entry** _____
Is your child a foster child? ☐ Yes ☐ No
Is your child a Child Protective Services (CPS) or At Risk of Abuse, Neglect or Exploitation ☐ Yes ☐ No
Does your child have an Individualized Education Plan (IEP) or IFSP? ☐ Yes ☐ No
Does your child have a primary language other than English? ☐ Yes ☐ No
If yes, what language(s)? _____

Child's living arrangements ☐ Both parents ☐ Mother ☐ Father ☐ Other _____

Total Number in your **Family Size** _____ (only include parents/guardians and children living in the same house)
List names, birthdates, and relationship to the parent of other children under 18 years old living at home, (birth certificates will be required):
_____
_____

Reason for Needing Child Care	
Primary Parent: UC Berkeley Student	**Secondary Parent/Guardian/Domestic partner**
__ **Attending School** (Education or Training) __Undergraduate __ Graduate __ Other _____ # of Units enrolled _____ Semester _____ Department_____	__ **Attending UCB or Other School** __Undergraduate __ Graduate __ Other _____ # of Units enrolled _____ Semester _____ School Name_____
__ **Working/**Employed Name of Employer_____#hrs/wk __	__ **Working/**Employed Name of Employer_____#hrs/wk __
__ **Actively Seeking Employment**	__ **Actively Seeking Employment**
__ **Child referral protective services**	__ Parent/guardian **incapacitated**
__ Other _____	__ Other _____

INCOME RESOURCES

Report total **GROSS** monthly income for each item listed below. For seasonal workers and self-employed persons only, gross monthly income is computed by averaging total GROSS income received during the previous 12 months. GSI/GSR employees report previous gross monthly income, not an average over the academic year. In all cases, attach documentation as needed and described in the instructions, i.e. check stubs, financial aid letter (income tax forms are acceptable for self-employed persons only). Submit verification from each of the sources of income you are reporting.

SOURCES OF INCOME	UC STUDENT	SECOND PARENT
Money, wages or salary	_____/mo.	_____/mo.
Wages for seasonal work	_____/mo.	_____/mo.
CalWORKs/Cash Aid	_____/mo.	_____/mo.
Self-employed adjusted income	_____/mo.	_____/mo.
Disability or Unemployment compensation	_____/mo.	_____/mo.
Worker's Compensation payments	_____/mo.	_____/mo.
Spousal Support or Child support	_____/mo.	_____/mo.
Survivor benefits	_____/mo.	_____/mo.
Retirement Benefits	_____/mo.	_____/mo.
Dividends/Interest on bonds/royalties	_____/mo.	_____/mo.
Rental or room Income	_____/mo.	_____/mo.
Foster Care Grant	_____/mo.	_____/mo.
Financial Assistance for Child	_____/mo.	_____/mo.
Veteran's pensions and Annuities	_____/mo.	_____/mo.
Inheritance	_____/mo.	_____/mo.
Housing Included in Pay	_____/mo.	_____/mo.
Auto Included in Pay	_____/mo.	_____/mo.
Insurance Settlements	_____/mo.	_____/mo.
Net proceeds from sale of real property	_____/mo.	_____/mo.
Other enterprise for gain	_____/mo.	_____/mo.
Other Income	_____/mo.	_____/mo.

TOTAL GROSS (before taxes) MONTHLY INCOME (TOTAL ALL INCOME RECEIVED BY BOTH PARENTS LIVING IN THE HOUSEHOLD): $ _____

OFFICE USE ONLY: TOTAL ADJUSTED GROSS MONTHLY INCOME $ _____
Monthly fee Part time $ _____   Full time $ _____

ACADEMIC FINANCIAL ASSISTANCE (FINANCIAL AID)

For all academic assistance, divide total award by 10 for monthly amounts.

	UCB Student	Second Parent
Grants	_____/mo.	_____/mo.
Loans	_____/mo.	_____/mo.
Sponsorship	_____/mo.	_____/mo.
Fellowship/Scholarship	_____/mo.	_____/mo.

OTHER INCOME

Withdrawn savings	_____/mo.	_____/mo.
Private loans (include family support)	_____/mo.	_____/mo.

MEANS-TESTED GOVERNMENT PROGRAM

Means-Tested Government Programs are programs such as MediCal, Calfresh, CalWorks, SNAP, WIC, FDPIR, and Head Start. If you receive benefits from any of these programs, please state the type of program and the income amount reported on the government application.
Type of Program: _____
Income amount reported per month $ _____

HOURS OF OPERATION

We are a year-round program. Hours of operation are Monday-Friday 8:15 a.m. - 5:15 p.m. Children are required to attend year-round including summer and semester breaks. Part-time childcare is not available.

Any Additional Notes you want to include:

_____

_____

_____

FOR FURTHER INFORMATION

Please visit our website at https://ece.berkeley.edu/ or contact us at 510-643-1482 ecep@berkeley.edu or moreida@berkeley.edu

By checking the following boxes, as Parent or Legal Guardian, you agree to the application and enrollment policies.

I verify that the information I have provided is true and correct. In addition, I understand that:

☐ Completion of this form does not guarantee placement in UC Berkeley Early Childhood Education program

☐ Eligibility for service is based on income, reason for needing childcare, and UC Berkeley student status. Change in UC Berkeley student status may affect eligibility

☐ I must provide all requested documentation necessary to verify income and reason for needing child care

☐ Families must update application any time there is a change in family status (i.e. change in income, family size, or contact information.

☐ Application remain active for the entire school year (August - July) or until a family is called for an opening, no longer qualifies for services, or asks to be removed from the waiting list.

☐ Application may be removed from the eligibility waiting list for failure to respond email and/or phone communication

☐ Falsifying any documentation presented to ECEP regarding eligibility or providing false information is considered fraud and consequently, may be grounds for denial or termination of subsidized child care.

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____
(If Applicable)

IMPORTANT

Please include income verification and class schedule for current semester or class schedule for the semester you are applying for with your application. If there are two parents in the family, include or state 2nd parent reason for needing child care and verification (if applicable) for the reason of needing child care.

Please submit your application by one of the following methods:

To departmental email at: **ecep@berkeley.edu and/or moreida@berkeley.edu**
In person or regular mail at:
UC Berkeley, ECEP
2339 Haste St.
Berkeley, CA 94720-7416

All information will be kept strictly confidential by the UCB Early Childhood Education Program.
We will contact you via email to let you know your application was received.

UC Berkeley, ECEP is an equal opportunity provider and employer (EOE).