



## Child Care Payment Program Eligibility List

**Child Care Payment Program  
can pay child care costs for parents or  
guardians who are:**

- Working
- Seeking Work
- In an approved training program
- Referred by CPS
- Homeless
- Incapacitated
- Referred by County Social Services Department

**You can quickly figure out if your income  
qualifies using the chart below:**

| Family Size | Monthly Income |
|-------------|----------------|
| 1 or 2      | \$5,889        |
| 3           | \$6,511        |
| 4           | \$7,441        |
| 5           | \$8,632        |
| 6           | \$9,823        |
| 7+          | Please Call    |

Revised 7/1/21

## PLUMAS RURAL SERVICES

### Child Care Payment Program

711 East Main St.  
Quincy, California 95971

530-283-4453  
FAX: 283-3647

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



If you are interested,  
either complete  
and return  
the application  
on the reverse side  
or contact  
530-283-4453



Plumas Rural Services  
Child Care Resource & Referral  
711 East Main Street  
Quincy, CA 95971

# APPLICATION

DATE: \_\_\_\_\_

Parent or Guardian A

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Work Phone #

**Check all that apply:**

working       training/school  
 seeking work       incapacitated       other

**Total monthly gross income from all sources**

\_\_\_\_\_  
Parent A

**Have you received TANF (cash aid) within the last two years from Social Services? Yes No**

**Information about children living at home:**

| Last Name | First Name | Birth Date | Child Care Provider* | Days/Hrs Care Needed |
|-----------|------------|------------|----------------------|----------------------|
| _____     | _____      | _____      | _____                | _____                |
| _____     | _____      | _____      | _____                | _____                |
| _____     | _____      | _____      | _____                | _____                |

Parent or Guardian B

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Employer: Parent/Guardian A

\_\_\_\_\_  
Employer: Parent/Guardian B

working       training/school  
 seeking work       incapacitated       other

**Total monthly gross income from all sources**

\_\_\_\_\_  
Parent B



## Child Care Payment Program

Child Care Resource &  
Referral



**APPLICATION FORM**