History

Our current file order came about from feedback provided by a CDE audit in 2005. The Audit Team wanted us to develop a system that:

- *Tells a complete history of the family*
- *Shift our file system from a six sections file to just a two section file*
- *Keeps the two most recent and consecutive years within the file*

The feedback motivated our agency to re-design our file structure in a more linear and storytelling fashion.

Left-Side of File

- File Face Sheet – "Table of Contents"
- General Notes –"Cliff Notes" of the File
- Children & Family Information
- Compliance Documents
- Income Documents *(Not yet used for calculation)*
- Communications /Miscellaneous /Duplicates

Family Support Services
File Face Sheet

Documents on RIGHT SIDE filed in chronological order--most recent on top

LEFT SIDE	RIGHT SIDE
File Face Sheet	***STARTING BASE: GEARS/Waiting List,***
General Notes	***Child(ren) Schedule(s) prior to Re-certification,***
TAB 1--Child(ren) & Family Information	***& Re-certification Letter***
School Age Record Form(s)	
Identification & Emergency Form(s)	**Notice of Action(s) by Date(s)--if applicable**
Immunization Record(s)	**RFD(s)/PDL(s) by Date(s)--if applicable**
Social Security Card(s)--if applicable	**CD 9600**
County Birth Certificate(s)	**Eligibility (Income)**
Other Family Identification--if applicable	Income Verification (most recently calculated)
Centralized Eligibility List Application(s)/CELs	Pay stub(s) and Cash Aid Receipt(s)
IEP(s)/IFSP(s)	Income Tax Documentation
Relative/Non-Relative Provider Packet--Health & Safety Form (if applicable)	Child Support Documentation
TAB 2--Compliance Documents	**Need(s)**
Action Review Sheet(s)	Employment Verification(s)
Correction Action Plan(s)	Self-Employment Declaration
QA Checklist(s)	Job Search Log(s)
Certification/CMR Checklist(s)	Training Verification(s)
TAB 3--Income Documents	Class Registration(s)
TAB 4--Communications/Miscellaneous/Duplicates	Verification of Adequate Progress/Grades
E-mail(s) regarding parent(s)	Leave of Absence Request
Letter(s) from parent(s)	Statement of Incapacity
Fax(es)	Proof of Secondary Address
Childcare Complaint(s)	Marriage/Divorce Documentation
	Referral/Child Protective Services
	Varied/Self-Employment Documentation
	Receipt of Handbook
	Contracting Data Form (CDF)/Approval NOA
	Termination Notification Form/Term Face Sheet
	Transfer Notification Form/Transfer Sheet
	Family Referral Form
	CD 9608/After-School Program Waiver
	Proof of Address

A Self-Declaration Form(s) may be used in lieu of some of the above mentioned documents.

- School Age Records
- Identification & Emergency Forms
- Immunization Records
- Social Security Cards
- Birth Records
- Other Family Identification
- Centralized Eligibility List Appl.
- IEPs\IFSPs
- Health and Safety Forms
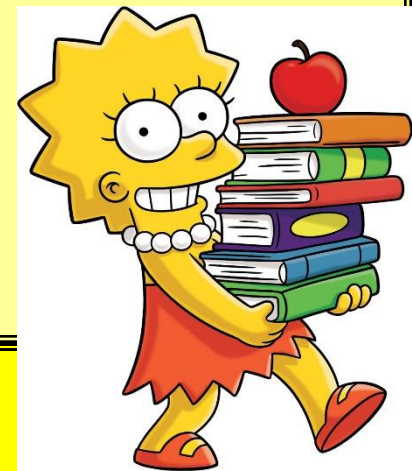
Right-Side of File

Except for the "Starting Base",

the paperwork on this side of the file should be placed in a chronological order of receipt or computation.

Right-Side of File

- "Starting Base" consists of:
    - County Documents or the Eligibility List Print-out
    - Current Contracting Data Form\Child Care Certificate with Approval Notice of Action (If base is part of a recertification and childcare hours have not changed)
- Notice of Actions
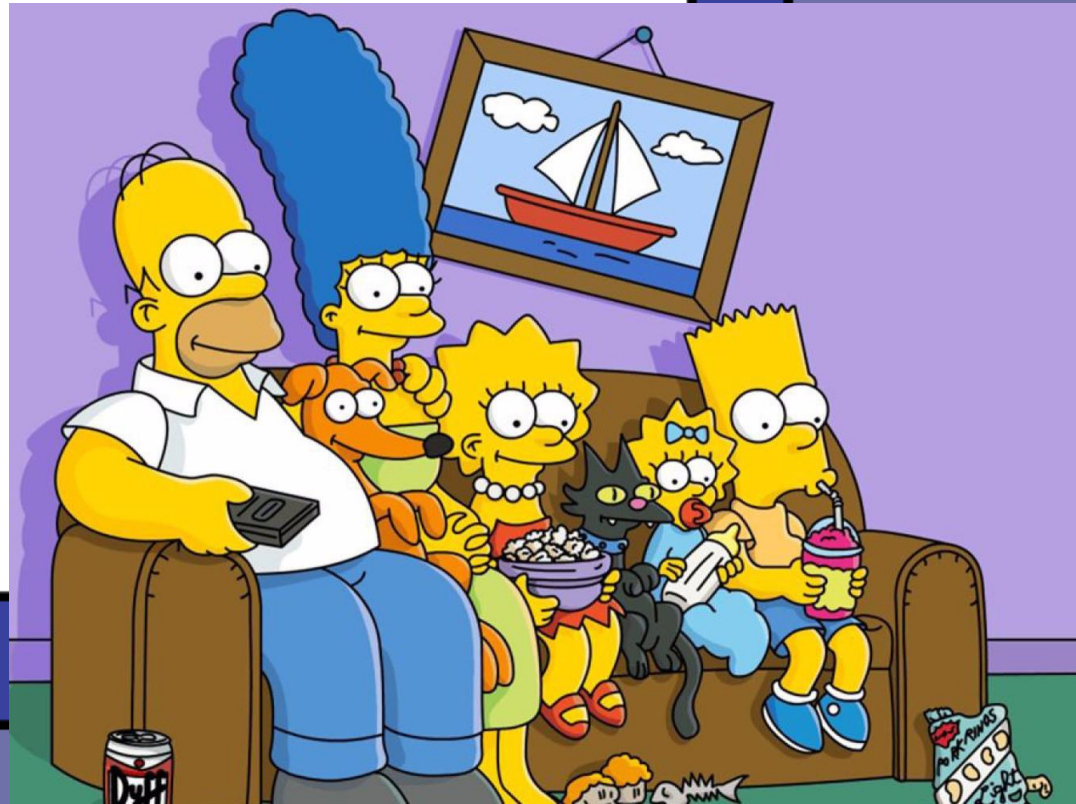- Request for Documentation Letters

Right-Side of File

- CD9600
- Eligibility Documents
- Need Documents
- Parent Handbook Receipt
- Contracting Data Forms/Certificates
- Transfer Documents

Right-Side of File

- Referral Documents
- Proof of Address

Application for Child Development Services

1. Family Name

2. Eligibility & Need

3. Income

4. Children Information

5. Family Fee

6. Service Dates

CONFIDENTIAL APPLICATION
DEVELOPMENT SERVICES A
CERTIFICATION OF ELIGIBILI
CD 9600 Page 1 (REV. 03/04)

Note: State regulations require a formal app
than 30 days from the date of your signature
status or adjusted gross monthly income in
Refer to the instructions for the completion o

SECTION I. FAMILY IDENTIFIC
Name of Parent/Caretaker: Full name incluc
initial   Robert Langdon
Name of Parent/Caretaker: Full name incluc
B
Street Address
16650 Sherman Way

SECTION II. FAMILY ELIGIE

A. Family Eligibility Status (check as many as apply)

| | Protective Services (Attach Documentation) | ✔ | Income Eligible (Attach Documentation) | | Homeless (Attach Documentation) | | Programs for the severely handicapped (GHAN) |

B. Reason for Needing Service. Indicate all the reasons for needing care for each adult listed above. Enter "A" or "B" referring to parent/caretaker listed above. Attach documentation. (This section does not apply to state preschool programs [GPRE] or programs for severely handicapped [GHAN].)

Parent/ Caretaker Child	Reason for Needing Service	Parent/ Caretaker	Reason for Needing Service	Parent/ Caretaker	Stages 1, 2, and 3 CalWORKs recipients only	
	Child referred for protective services because of neglect, abuse, exploitation, or risk thereof		Education or training	A	CalWORKS Activities	Date family became ineligible for aid:
	Parent/caretaker incapacitated because of medical or psychiatric special needs		Actively seeking employment		Diversion	Date: 10/1/2005
A	Working		Seeking permanent housing		Record date of entry into each stage: Stage 1 Stage 2 1/3/2004 Stage 3	

C. Employment/Training Information - Must be completed for each adult listed in Section I above to document need on the basis of employment or training. (Attach Documentation)

Parent/ Caretaker	Employer/School				Street Address			City	Zip
A	Harvard University				123 Main Street			Cambridge	12345-

| Days and Working/ Training Hours: | From: 4/27/2002 To: | Mon 7:30A - 5:30P | Tues 7:30A - 5:30P | Wed 7:30A - 5:30P | Thurs 7:30A - 5:30P | Fri 7:30A - 5:30P | Sat | Sun |

SECTION III. FAMILY ADJUSTED GROSS MONTHLY INCOME AND SIZE
A. Family monthly income. The family's adjusted monthly income from all sources (Attach verification and documentation.): $ $1,700.00
B. Family income sources (Check all that apply. Do not count the gray shaded areas in Section III. A above.)
BLACK SHADED BOXES FOR CALWORKS RECIPIENTS ONLY.
C. Family size (See "Funding Terms and Conditions" for instructions on calculating family size.) 2

X	Employment including self-employment		Other federal cash income programs (such as SSI)
	Child Support		Housing Voucher or cash assistance
X	Cash or other assistance under Title IV of the Social Security Act (TANF)		Assistance under the Food Stamps Act of 1977
	State-only alien and two-parent programs for CalWORKs recipients		Other

Section III B is for federal data collection purposes only and does not need to be completed before the provision of child care services.

CD9600   **Eligibility**   **Need**   **CDF**