



UNIVERSITY OF CALIFORNIA, IRVINE
CHILD CARE SERVICES
949.824.2100

Dear Parent,

This letter is in response to your recent inquiry regarding the UCI Child Care Services wait list. We provide child care for the children of UCI students in our state subsidized programs. To be eligible, one family member must be a matriculated UCI student. If there are two parents in the home, the non-UCI student must document need while your child(ren) is/are enrolled in our program. Our programs are all five days a week, open 7:30 a.m. to 5:15 p.m. The hours of attendance will be assigned based on the combined need of both parents.

Our centers follow the State Department of Education guidelines for admitting children under the subsidized program. The wait list is based on income eligibility, this requirement is mandated and in accordance with the Education Code section 8263 (b)(2). The code states..." families with the lowest income relation to family size will be admitted first."

Please complete the application on the reverse side making sure to list those children that would be eligible for child care. This application along with the required income verification must be returned in order for us to determine where your name will be placed on the wait list. Please send them to:

University of California, Irvine
Child Care Services
Irvine, CA 92697 - 2250

Income verification includes Financial Aid Award letter(s), child support, alimony, TANF, payroll check stubs, etc. If your income or family size changes prior to enrollment it will change your eligibility status, therefore it will be your responsibility to keep an updated application on file.

If we contact you regarding an opening and the information on your application is not current, you may not be eligible at the time and will be reassigned to a different priority number.

If you have any questions, please contact Lisa Martinez at the Child Care Services Office
949. 824.2100.

Sincerely,

UCI Child Care Services

**Schedule of Income Ceilings (85% SMI)
Child Care and Development Programs (effective July 1, 2019)**

Family Size	Family Monthly Income	Family Yearly Income
1-2	\$5,343	\$64,120
3	\$5,802	\$69,620
4	\$6,719	\$80,623
5	\$7,794	\$93,522
6	\$8,869	\$106,422
7	\$9,070	\$108,841
8	\$9,272	\$111,259
9	\$9,473	\$113,678
10	\$9,675	\$116,096
11	\$9,876	\$118,516
12	\$10,078	\$120,934



UCI IRVINE SUBSIDIZED WAIT LIST APPLICATION

AT LEAST ONE FAMILY MEMBER HAS TO BE A MATRICULATED UCI STUDENT.

New Application

Revised Application

DATE NEEDING CARE _____

Child 1

Last Name:	First Name:	
Birthdate/Due Date:	Child's Gender:	Sibling Enrolled:

Child 2

Last Name:	First Name:	
Birthdate:	Child's Gender:	Sibling Enrolled: Y N

A - Parent's Name _____

Address _____

Number & Street

City

Zip

Preferred Contact # _____ Alternate Contact # _____

Email Address _____

Affiliation to UCI

N/A Undergraduate Graduate Will be a Graduate/Undergrad. beginning: _____

B - Parent's Name _____

Address _____

Number & Street

City

Zip

Preferred Contact # _____ Alternate Contact # _____

Email Address _____

Affiliation to UCI

N/A Undergraduate Graduate Will be a Graduate/Undergrad. beginning: _____

FAMILY INFORMATION

Number of family members living in the household _____

- Two Parent _____; Both in School One home One in school/one working
- Single Parent _____ If you are a single parent, you must be affiliated with UCI

OFFICE USE ONLY

ORIGINAL DATE	START DATE	NOTES
PRIORITY #	CENTER/ROOM	

WORKSHEET FOR APPLICATION FOR SUBSIDIZED CHILD CARE
(INCOME VERIFICATION MUST BE ATTACHED, IF NOT IT WILL BE RETURNED TO YOU)

I certify that this information is true and accurate as of the date it is submitted. I understand that if I am contacted for an opening and my application has not been updated, I will not be eligible at that time. I further understand that I must be a registered student, paying fees through the Registrar's Office at the time my child enters the program or I will not be eligible for an opening with Child Care Services.

UCI Student Signature _____ Date _____

SOURCES OF INCOME-ATTACH VERIFICATION FOR ALL SOURCES	AMOUNT
Wages or Salary (Please see Below)	\$
Net income from self-employment	\$
Scholarship/Fellowship/Stipend (Divide total amount by how many months paid for)	\$
Social Security/ Pensions and annuities	\$
Other income: (rental income, stipends, gifts, savings)	\$
Unemployment compensation/disability insurance	\$
Workers' compensation insurance	\$
Alimony	\$
Child support	\$
Aid from parent or family member	\$
Veteran's pensions	\$
Cash or other assistance under Title IV of Social Security Act (TANF) CalWORKs	\$
State program TANF MOE	\$
Financial Aid from school (On award letter, take the amount given as a check to you for the quarter and divide by 3 (number of months in a quarter))	\$
ITEMS BELOW NOT INCLUDED IN COUNTABLE INCOME. (SUBTRACT AMOUNTS LISTED BELOW THIS LINE)	
Housing voucher or cash assistance (CalWORKs)	\$
Assistance under Food Stamps Act of 1977 (CalWORKs)	\$
Financial Aid Loans & uncounted grants (Do not include Grant in aid here)	\$
GROSS MONTHLY INCOME	\$

A- COMPUTING WAGES/SALARY--JOB #1	B - COMPUTING WAGES/SALARY--JOB #2
Hourly Wage:	Hourly Wage:
How often paid: Weekly Biweekly 2X mo.	How often paid: Weekly Biweekly 2X mo.
(circle one) Monthly Quarterly	(circle one) Monthly Quarterly
# Hours worked:	# Hours worked:
To compute your gross monthly income: Take Hourly wage X # Hours worked X 52 (weeks in a year) ÷ 12 (months in a year). Please insert this amount above in the Wages/Salary section.	To compute your gross monthly income: Take Hourly wage X # Hours worked X 52 (weeks in a year) ÷ 12 (months in a year). Please insert this amount above in the Wages/Salary section.