



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:

**Child Care Services
University of California, Irvine
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

Child Care Services

Irvine, California, 92697-2250

949-824-2100 Office
949-824-2334 Fax
childcare@uci.edu
www.childcare.uci.edu

State Fiscal Year 2022-23 Schedule of Income Ceilings (85 percent of SMI)

Family Size	Family Monthly Income	Family Annual Income
1-2	\$6,008.00	\$72,095.00
3	\$6,842.00	\$82,102.00
4	\$7,941.00	\$95,289.00
5	\$9,211.00	\$110,536.00
6	\$10,482.00	\$125,782.00
7	\$10,720.00	\$128,641.00
8	\$10,958.00	\$131,499.00
9	\$11,196.00	\$134,358.00
10	\$11,435.00	\$137,216.00
11	\$11,673.00	\$140,075.00
12	\$11,911.00	\$142,934.00

Note: SMI ceilings are calculated by multiplying the SMI for a family of four by the ratio for the appropriate family size used in the federal Low-Income Home Energy Assistance Program and specified in federal regulations at paragraphs (5), (6), and (7) of subdivision (b) of Section 96.85 of Title 45 of the Code of Federal Regulations.

APPLICATION FOR SUBSIDIZED CHILD CARE

Please fill out the application completely or it will be returned to you.

New Application Revised Application

Date Needing Care _____ Email Address _____

Child's Name _____ Sex _____ Birthdate ____/____/____

If child is unborn, please put due date here: ____/____/____

Child's Name _____ Sex _____ Birthdate ____/____/____

Child's Name _____ Sex _____ Birthdate ____/____/____

Address _____ Home # _____

 City State Zip Code

Parent Name _____ Work # _____

Address _____ Home # _____

 City State Zip Code

Parent Name _____ Work # _____

Address _____ Home # _____

 City State Zip Code

_____ is affiliated with the University of California, Irvine as a

Name of Parent _____

student in the following capacity:

Undergraduate: Number of units currently enrolled _____

Graduate

Will be a Graduate/Undergrad. beginning: Fall Winter Spring

**** At least one family member has to be a matriculated UCI student. ****

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*)

Gross monthly family income **(FROM WORKSHEET ON BACK)** \$ _____

(VERIFICATION MUST BE ATTACHED)

Original Date:	OFFICE USE ONLY	Notes:
Date Received:	Date turning 2 1/2:	
	Sibling Name & DOE:	
Priority #	Date entered & Center:	

WORKSHEET FOR APPLICATION FOR SUBSIDIZED CHILD CARE

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 full time 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 (<i>Please see Below</i>)	\$
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 (<i>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)</i>)	\$
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	\$

COMPUTING WAGES/SALARY--JOB #1	COMPUTING WAGES/SALARY--JOB #2
Hourly Wage:	Hourly Wage:
How often paid: Weekly Biweekly Twice a mo. (circle one) Monthly Quarterly	How often paid: Weekly Biweekly Twice a mo. (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.