



PARENT/GUARDIAN CERTIFICATE

Dear Parents/Guardians:

Your child care program _____ is applying for participation in the **First 5 Alameda County- Quality Counts** program. If accepted, your child care program may receive funding to pay for quality improvements to their child care facility and/or classroom environment. Child care programs can make their applications stronger by reporting that they are serving low-income families that have at least one child under the age of 5 enrolled in the program. If your annual family income falls below the amounts listed below, please sign this form and return it to your provider. Your child care program will attach this form to their application.

This information will only be used to evaluate your child care program’s application for participation and will be held in the strictest confidence. Thank you for supporting your child care program’s application for participation.

Low-income* Guidelines: Family Size and Annual Family Income

A child in Foster Care is considered automatically low income.

Family Size	2	3	4	5	6	7	8 or more
Annual Income	\$46,068	\$56,904	\$67,752	\$78,588	\$89,424	\$91,452	\$93,942

**Based on the California Department of Education, Child Development Division Schedule of Family Income Ceilings for Alameda County Child Development Programs effective 2016.*

I have ____ number of children enrolled in this child care program.

I certify that my family qualifies as low-income under the government guidelines listed above.

SIGNATURE

DATE