

# Child Development Associate (CDA) Application



**Instructions** - Please complete the entire application by filling in all lines requesting information. All information on this form must be provided for program eligibility.

## General Information

Applicant's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Citizenship:     U.S. Citizen             Legal Permanent Resident  
                   Employment Authorization Card     Other, please explain: \_\_\_\_\_

Marital Status:    Never Married             Married             Divorced             Separated             Widowed

Have you ever been convicted of a \*crime?:     Yes     No

\*Examples of crimes: DUI, shoplifting, forgery, possession of drugs or firearms, violent crimes, etc.  
Your response to this question will not affect your eligibility for the program.

What is the last grade you completed:     11th Grade or Below     High School Graduate     GED  
                   Some College     Certificate     Associate's     Bachelor's     Master's Degree

Are you currently in school?:     Yes     No    If yes, name of school: \_\_\_\_\_

How did you hear about this program (check all that apply)?     Mailing     Flyer/Poster     Facebook  
                   Website \_\_\_\_\_     Case Worker \_\_\_\_\_  
                   Agency \_\_\_\_\_     Other \_\_\_\_\_

## Financial Information

What is the previous month \*total income for your household?: \$ \_\_\_\_\_

\*Total income is considered monthly gross wages (i.e. before taxes), child support, and any other cash benefits received.

Number of adults ages 18 or older in your household: \_\_\_\_\_

Number of people who contribute to pay the household expenses: \_\_\_\_\_

Number of people ages 0—17 in your household: \_\_\_\_\_

Number of children you have: \_\_\_\_\_

Do you pay child support for a child who does not live with you and the child is under age 18?:

NA             Yes             No

Do you receive child support for a child?:     NA     Yes     No

If so, how much: \$ \_\_\_\_\_

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Are you currently on food stamps?     Yes                     No

Do you currently receive child care assistance through the state?     Yes             No  
If yes, approximate number of hours of childcare per week: \_\_\_\_\_

Do you currently have health insurance for yourself?     Yes             No  
If yes, is your health insurance:  
 Public health insurance provided by the state (Medicaid)  
 Private health insurance paid by you, family, or an employer  
 Both

Please indicate below other specific assistance programs you are currently utilizing:

- Cash Assistance \_\_\_\_\_                     CW-Step             LEAP             WIC
- Public Housing                                     Low Income/Affordable Housing                     Section 8
- ELV             Other, please explain: \_\_\_\_\_

How would you describe your current living situation? (check all that apply)

- Rent             Own                     Living with Relative                     Living with Foster-Family
- Living with Non-Relative                     Living in a Shelter                     Homeless

## Employment Information

What is your current employment status?:     Full Time (32+ hours/week)     Part Time (32 hours or less/week)  
 Unemployed                     Internship                     Apprenticeship

Do you work more than one job?:     Yes             No

Name of current employer?: \_\_\_\_\_

What is your occupation:     Teacher             Assistant Teacher             Aide             Family Home Care  
 Other \_\_\_\_\_

What is your hourly wage?: \$ \_\_\_\_\_

How many hours a week do you work?: \_\_\_\_\_

Approximately when did you start work for this employer?: \_\_\_\_\_

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## Communication

Please indicate on the lines below secondary phone numbers, email addresses, Facebook or other social media profile information that will help us reach you:

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Your Preferred Method of Contact:    Telephone       Email       Facebook

Your Preferred Course (select one):

- Infant/Toddler CDA Certification
- Preschool Age CDA Certification

Applications and supporting documents are accepted through the following options:

Mail:                    ATTN: Yesenia Wilson  
                             P.O. Box 20,000  
                             Grand Junction, CO 81502-5001

Email:                    yesenia.wilson@mesacounty.us

In-Person:            510 29 ½ Road  
                             2nd Floor, Vital Records  
                             ATTN: Yesenia Wilson  
                             Grand Junction, CO 81504

For any questions, please contact Yesenia Wilson at Mesa County Public Health:  
yesenia.wilson@mesacounty.us or (970) 248-6983

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## Certification and Authorization

- I agree to submit to monitored drug testing, random and otherwise, throughout this program.
- I certify under penalty of law, that the above information is correct.
- I understand that my statements may be verified.
- I acknowledge that in applying for this program, I am agreeing to participate in a full background check.
- To the best of my knowledge I will pass a background check. If I fail to pass a background check, I acknowledge that I *cannot* participate in this program.
- I agree to provide all necessary paperwork needed for acceptance and participation in the program to include but not limited to:
  - A high school diploma or GED, annual household income, immunization record, and a recent doctor’s note stating your health condition as well as a follow-up date.
- I agree I will commit to actively participating and completing the following:
- All the CDA Certification requirements to include any pre-service requirements and other requirements deemed necessary per the Early Childhood staff.
- CDA Certificate Program
  - 120 hours of classroom training, child care observation hours, and homework assignments.
  - Scheduling and the completion of the CDA testing and observation for the certification process.
  - 480 hours of on the job training at a child care center.

I give my permission for my progress to be monitored as it relates to services or training provided through this program. I authorize the program staff to release and receive my name, image and information for the purposes of statistics and analysis, reporting, eligibility determination and program publicity.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_