



SDI ONLINE TUTORIAL

Apply for Paid Family Leave

Bonding:

Foster Care and Adoptive Parents

Last Updated: January 2026

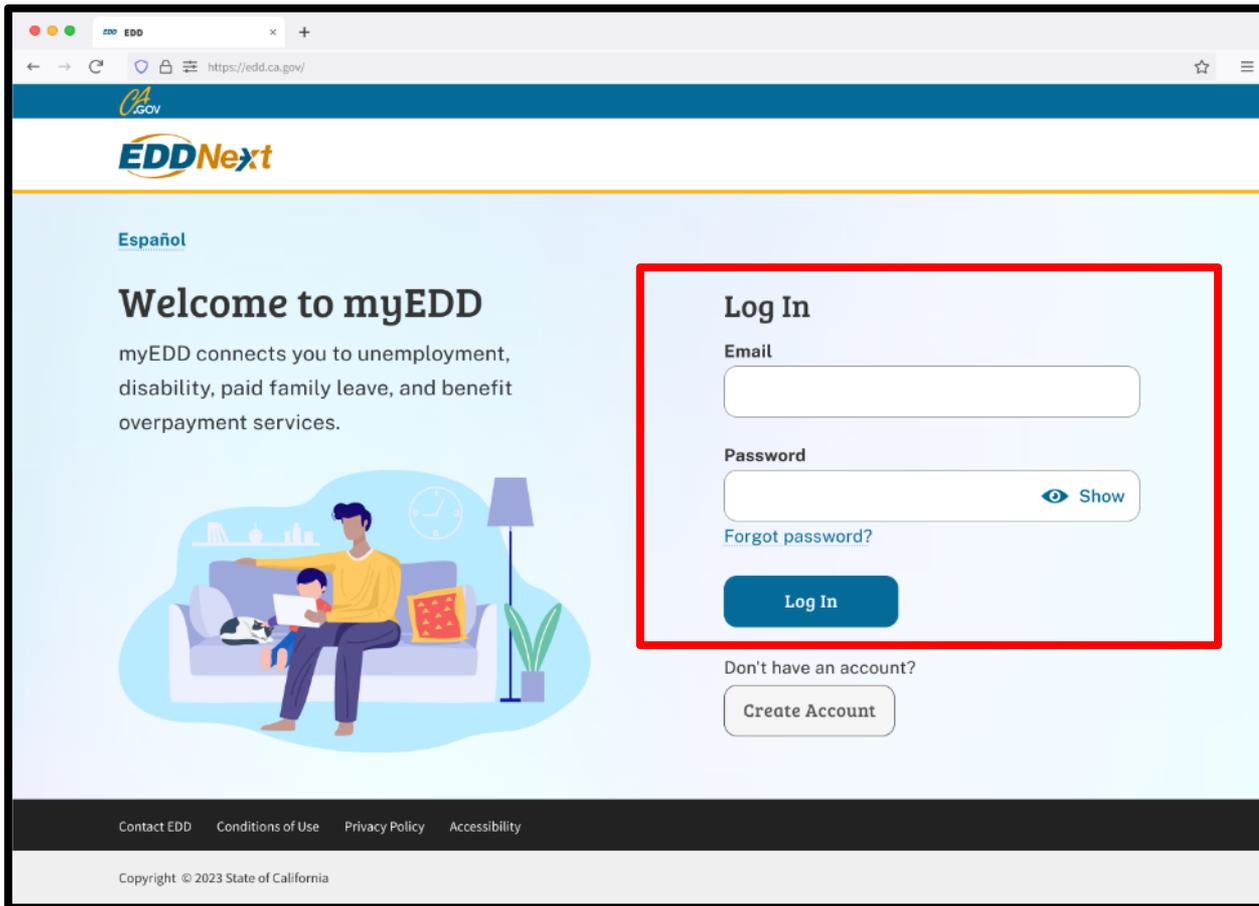


Apply for Bonding Benefits

Learn how foster care or adoptive parents can apply for bonding benefits.



[Get Started](#)



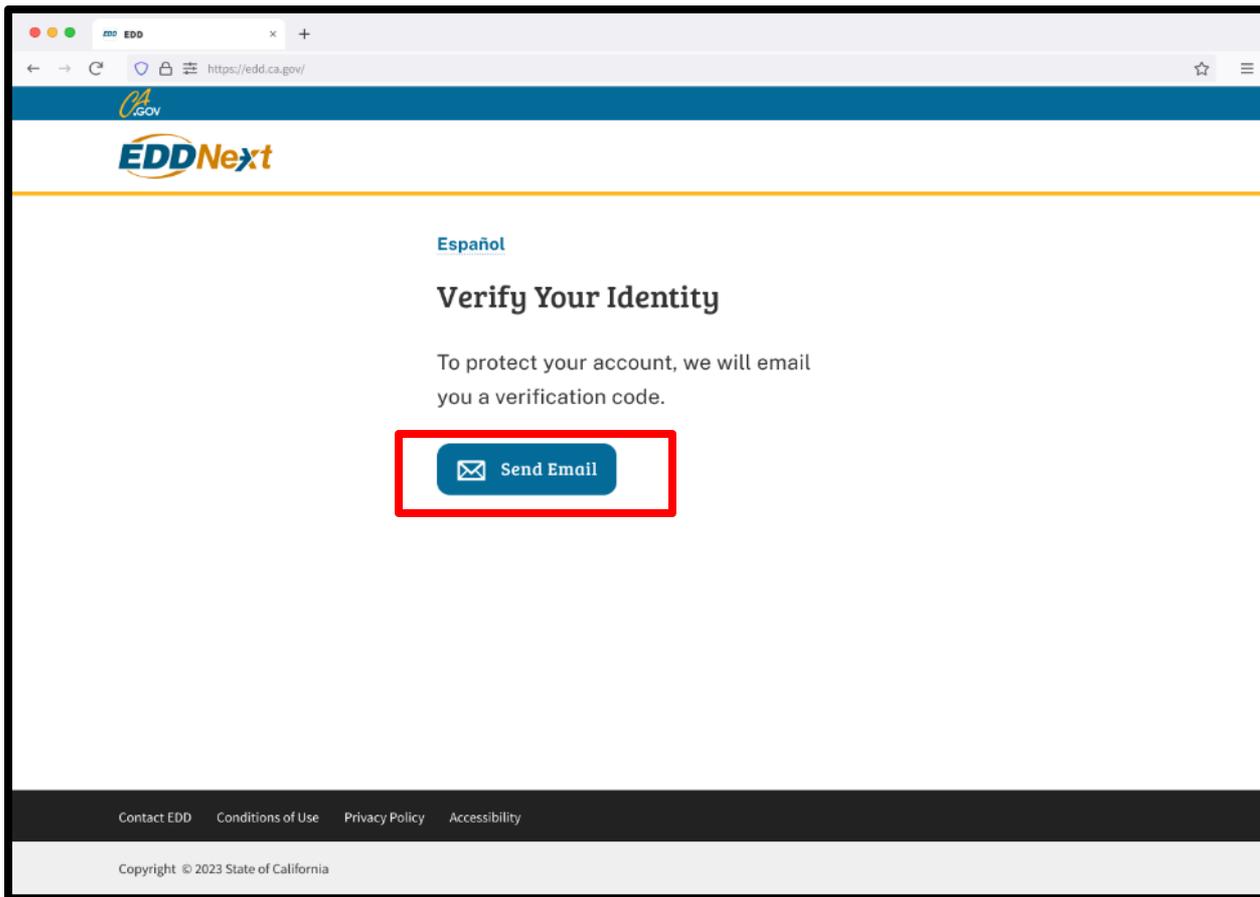
Apply Online

Tip

For Spanish, select **Español**.

Log in to myEDD to access SDI Online, update your email, password, security question, or verification option:

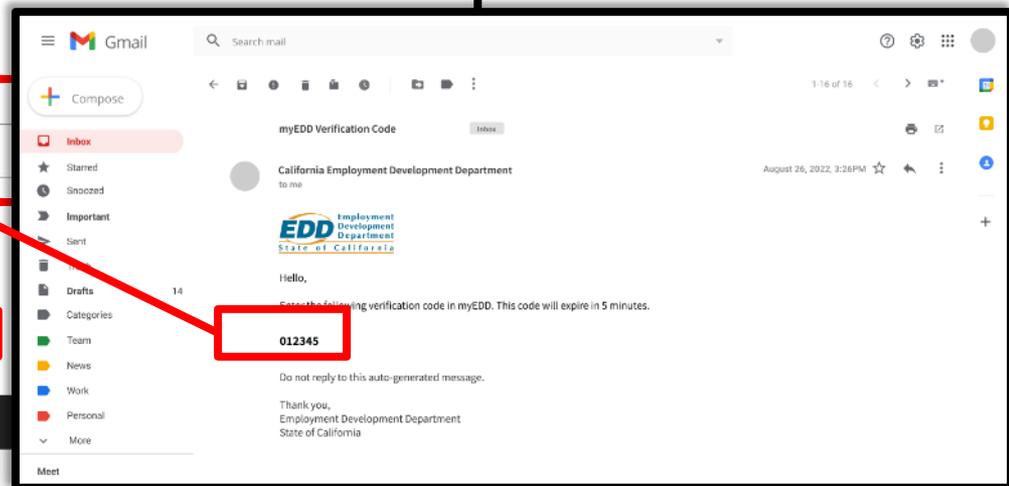
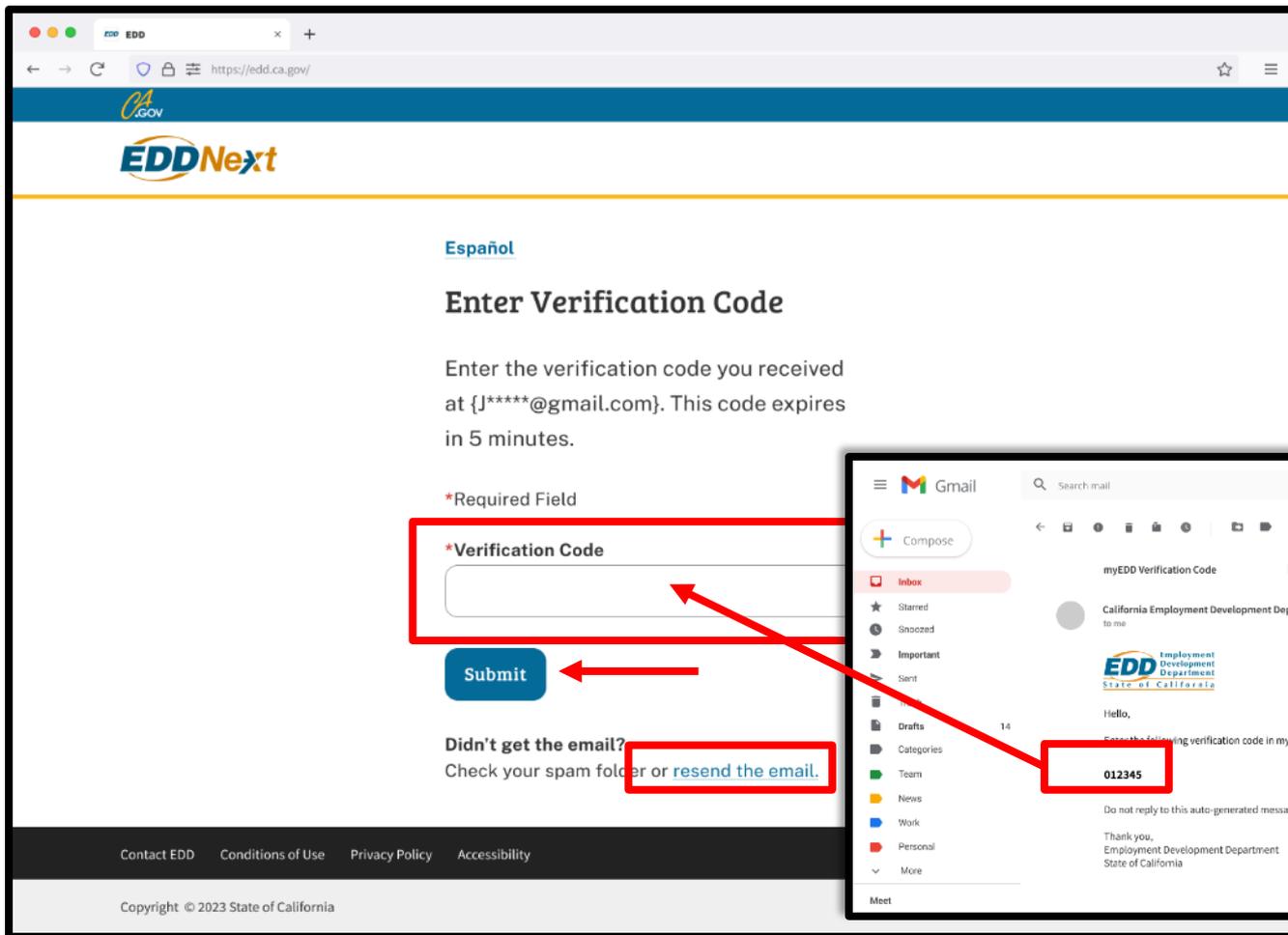
1. Visit [myEDD](#).
2. Enter the email and password used to create your myEDD account.
3. Select **Log In**.



To protect your account, we ask you to verify your identity every time you log in. In this example, the identity verification option is by email.

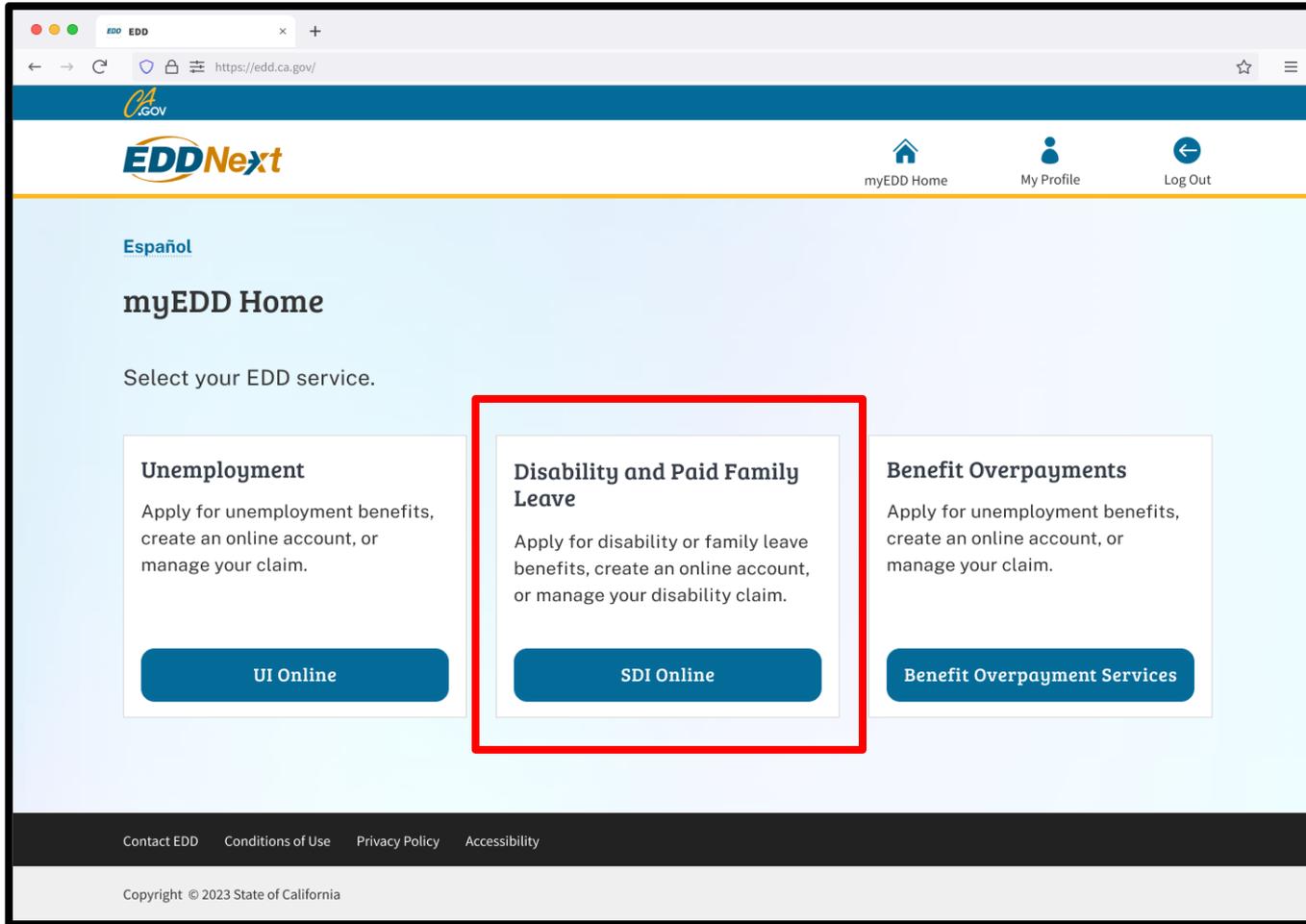
Select **Send Email**.

If you set up the login verification option as text message or phone call, follow the instructions based on that option.



Check your email for your verification code. This code expires in five minutes. Check your spam or junk folder if you do not get this email.

- Enter your verification code and select **Submit**.
- Select **resend the email** if you do not get a code.



Tip

Select **Log Out** in the top right corner of any screen to exit your account.

From the myEDD homepage, select **SDI Online**.

Home

Message Center

Check the message center Inbox below to review messages and take required actions as needed.

[Inbox](#) [New: 0 , Total: 0]

Personal Information

Full Name:	John Doe	EDD Customer Account Number:	123456789
Mailing Address:	123 Main St Sacramento, CA 95814	Phone Number:	916-555-1212
Residence Address:	123 Main St Sacramento, CA 95814	Cell Phone Number:	916-555-1213
E-mail Address:	Jdoe@gmail.com		

Current Disability Insurance Claim(s)

Select **New Claim** from the main menu.

Apply for Benefits or Continue a Draft Application

Select a link below to apply for Disability Insurance or Paid Family Leave benefits. If you have already submitted a *Claim for Disability Insurance* (DE 2501) or a *Claim for Paid Family Leave* (DE 2501F), do not submit a duplicate form. It may take up to 14 days for your Initial Claim form to be reviewed and processed. Submitting duplicate forms may delay the processing of your claim.

Note: It may be necessary to send some documents via US Postal Service.

Apply for Disability Insurance Benefits

[Disability Insurance](#)

Apply for Paid Family Leave Benefits

[Paid Family Leave Bonding](#)

[Submit Electronic Paid Family Leave Bonding Attachment](#)

[Paid Family Leave Care](#)

[Submit Electronic Paid Family Leave Care Attachment](#)

[Paid Family Leave Military Assist](#)

[Submit Electronic Paid Family Leave Military Assist Attachment](#)

Saved Drafts

To open and complete a form that you saved, select the **Form Name**. Saved drafts are stored for a limited number of days and will be automatically deleted on the date indicated. To delete a draft immediately, select the checkbox and then select the **Delete** button.

Select **Paid Family Leave Bonding** under **Apply for Paid Family Leave Benefits**.

Note

Submit your application no earlier than the first day your family leave begins, but no later than 41 days after your family leave begins, or you may lose benefits.

Important

If you already submitted an application, do not submit another one. It may take up to 14 days for a completed application to be reviewed and processed.

Prescreening Questions

* Indicates Required Field

Prescreening Questions

* Are you a mother bonding with your newborn? Yes No

* Did you receive California State Disability Insurance benefits for your pregnancy with this newborn? Yes No

Cancel

Next

If you are an adoptive or foster care parent applying for bonding benefits, select **No** for both prescreening questions.

You must complete the fields marked with a red asterisk (*).

Tip

Selecting **Cancel** will cancel the claim and return you to your homepage.

Information for Before You Start and After You File

Before you Start: Information you need to apply for Paid Family Leave (PFL) Initial Claim Form for Bonding (DE 2501F)

PFL will use information provided in your EDD online profile, including:

- Your name (including other names under which you have worked), date of birth, gender, preferred language, and Social Security account number.
- Your mailing address (including ZIP code) and telephone number (including area code).
- The last date you worked for any employer.
- Your occupation.
- The name, mailing address and telephone number of your last employer or employers. (Be specific about the spelling of the employer's name and make sure the mailing address is correct. An incorrect address may delay benefit payments.)
- Any period you returned to work or will continue to work during your period of PFL.
- The reason why you have reduced work hours or stopped working.

PROOF OF RELATIONSHIP FOR BONDING

To be eligible for PFL benefits to bond with a new minor child you will also need to submit one of the documents listed below to provide proof of your relationship to the child. ONLY send copies of these documents:

- Child's Birth Certificate
- Official letter from foster care agency
- Child's Hospital Birth Certificate
- Adoptive Placement Agreement, AD-907

After You Have Filed Your Application

WHEN YOUR CLAIM IS RECEIVED

When you have successfully transmitted an electronic bonding claim, the PFL office will notify you of your weekly benefit amount and request any additional information needed to determine your eligibility. If you meet all eligible requirements, a payment will be issued to you from a central payment center. The majority of claims are processed and payments issued within fourteen (14) days of receipt of a correctly completed claim.

SPECIAL CIRCUMSTANCES RELATING TO YOUR PAID FAMILY LEAVE CLAIM

Child Support Obligations: Questions should be directed to the Department of Child Support Services at 1-866-249-0773.

Spousal or Parental Support Obligations: Questions should be directed to the District Attorney's office administering the court order.

Death of Claimant: If a person receiving PFL benefits dies, an heir or legal representative should report the death to PFL. Benefits are payable through date of death, if otherwise eligible.

Death of Care or Bonding Recipient: If the child with whom you are bonding dies, report the death to PFL. Benefits are payable through the date of death, if otherwise eligible.

Job Benefits and Protection Programs: Family and Medical Leave Act (FMLA) and California Family Rights Act (CFRA) offer job protected leave to "eligible" employees for certain family and medical reasons. Contact FMLA at 1-866-487-9243 or the Department of Labor Web site:

<https://www.dol.gov/whd/fmla> or CFRA at 1-800-884-1684 or the Department of Fair Employment and Housing Web site:

<https://www.dfeh.ca.gov> for additional information on these programs.

Phone Number Link

http://www.edd.ca.gov/Disability/Contact_SDL.htm#byphone

Frequently Asked Questions Link

<http://www.edd.ca.gov/Disability/FAQs.htm#pfl>

Cancel

Next

Carefully review the **Information for Before You Start and After You File.**

It gives important information you need to file your bonding application.

Select **Next.**

Information for Before You Start and After You File

Before you Start: Information you need to apply for Paid Family Leave (PFL) Initial Claim Form for Bonding (DE 2501F)

PFL will use information provided in your EDD online profile, including:

- Your name (including other names under which you have worked), date of birth, gender, preferred language, and Social Security account number.
- Your mailing address (including ZIP code) and telephone number (including area code).
- The last date you worked for any employer.
- Your occupation.
- The name, mailing address and telephone number of your last employer or employers. (Be specific about the spelling of the employer's name and make sure the mailing address is

Review the **Proof of Relationship** documents we accept.

PROOF OF RELATIONSHIP FOR BONDING

To be eligible for PFL benefits to bond with a new minor child you will also need to submit one of the documents listed below to provide proof of your relationship to the child. **ONLY** send copies of these documents:

- Child's Birth Certificate
- Official letter from foster care agency
- Child's Hospital Birth Certificate
- Adoptive Placement Agreement, AD-907
- Declaration of Paternity, CS-909
- Independent Adoption Placement Agreement, AD-924
- Agency - Foster Parents Agreement, SOC - 156 page 3 only
- Other evidence of relationship

You will be shown how to submit the proof of relationship document once you have filed your PFL claim.

BENEFIT AMOUNT

Your weekly benefit amount will be determined by using the highest quarter of your wages in your base period. Refer to the DI and PFL Weekly Benefits Chart for further information.

FILING A DRAFT

If you begin the on-line process for thirty (30) calendar days before your child is born, you will not be required to pay or disqualify yourself for any reason.

After You Have Filed Your Application

WHEN YOUR CLAIM IS RECEIVED

When you have successfully transmitted an electronic bonding claim, the PFL office will notify you of your weekly benefit amount and request any additional information needed to determine your eligibility. If you meet all eligible requirements, a payment will be issued to you from a central payment center. The majority of claims are processed and payments issued within fourteen (14) days of receipt of a correctly completed claim.

Note: It may be necessary to send some documents via US Postal Service. This includes Paid Family Leave (PFL) payments and PFL claim-related forms.

When contacting PFL through the mail, include your name and Social Security number on all correspondence.

YOUR RIGHTS

Information about your claim will be kept confidential, except for the purposes allowed by law. California Civil Code, section 1798.34, gives you the right to inspect any personal records maintained about you by EDD. Section 1798.35 permits you to request that the record be corrected if you believe it is not accurate, relevant, timely, or complete. Certain types of information that would generally be considered personal are exempt from disclosure to you: medical or psychological records where knowledge of the contents might be harmful to the subject (Civil Code, section 1798.40); records of active criminal, civil, or administrative investigations (Civil Code, section 1798.40).

If you are denied access to records which you believe you have a right to inspect or if your request to amend your records is refused, you may file an appeal with the PFL office. You may request a copy of your file by calling the PFL office.

You also have the right to appeal any disqualification, overpayment, or penalty. Specific instructions on how to appeal will be provided on any appealable document you receive.

Applying for Paid Family Leave (PFL) Initial Claim Form for Bonding

*Indicates Required Field

Window Snip

Applying for Paid Family Leave (PFL) Initial Claim Form for Bonding (DE 2501F)

Please read these instructions and information before completing the electronic Claim for Paid Family Leave (PFL) Benefits (DE 2501F). Do not complete this claim form if you are insured by a Voluntary Plan maintained by your employer. (Ask your employer for the proper forms.)

The Paid Family Leave (PFL) program provides affordable, worker-funded benefits to eligible workers suffering a full or partial loss of wages due to the need to care for a seriously ill family member, to bond with a new child or assist with matters related to a family member's military deployment to a foreign country.

(B) Call 1-877-238-4373 for required forms and instructions if:

1. A disability prevents you from completing the claim form and you need to designate a representative to sign for you.
2. You are an authorized representative filing for benefits on behalf of a physically or mentally incapacitated care provider/care recipient or a deceased care provider/care recipient.

Do NOT submit an electronic PFL Claim for bonding if the purpose of your family leave is to care for a seriously ill family member. Follow these instructions to file for a Paid Family Leave Care application.

1. Select New Claim.
2. Choose Paid Family Leave Care.

INELIGIBILITY:

You may apply for benefits even if you are not sure you are eligible. If you are found to be ineligible for all or part of a period claimed, you will be notified of the ineligible period and the reason(s) why you were not eligible. Below are some reasons why you may not be eligible for benefits:

- If you are claiming or receiving Unemployment Insurance or Disability Insurance (DI) benefits.
- If you are receiving workers' compensation benefits at a weekly rate equal to or greater than the PFL rate.
- If you are in custody of law enforcement authorities because you were convicted of violating law or ordinance.

FRAUD:

If you are eligible for further benefits, additional payments will either be sent automatically or in response to your submitted certification, whichever is appropriate to your claim. You will be paid 1/7 of your weekly benefit amount for each calendar day you are eligible unless benefits are reduced for some reason. (See [Calculating Paid Family Leave Benefit Payment Amounts](#) for more information.)

TAXABILITY OF BENEFITS: Paid Family Leave benefits are subject to federal income taxes and will be reported to the Internal Revenue Service. Each person receiving PFL benefits will receive a 1099G form to include with his/her federal income tax return. PFL benefits are not subject to California income taxes.

OVERPAYMENT: An overpayment results when you receive PFL benefits you were not eligible to receive. Once PFL determines that you were overpaid, the PFL office will contact you to explain the reason for your overpayment. It is important that you complete and return all information requests, as there are some instances when an overpayment can be waived. If it is determined that you were overpaid and the overpayment cannot be waived, you must repay this money. Benefit payments issued after an overpayment is established may be reduced by 25 to 100 percent to collect your payment. You will receive a "Notice of Overpayment Offset" if a reduction is taken for a DI, PFL, or Unemployment Insurance (UI) overpayment.

DISQUALIFICATION: All available information will be considered before paying or disqualifying your claim. Benefits will be paid only for the days for which you are eligible. If payment of benefits is denied or reduced for any period, you will receive a written notice stating the reason for the disqualification or reduction.

If you deliberately report incorrect information, willfully omit or withhold information, a false statement disqualification of up to 92 days may be assessed. In addition, any resulting overpayment may be increased by a 30 percent penalty. This penalty can apply to benefits you received but were not entitled to, even if the payment has not been cashed.

I have read and understand the instructions above. I understand that failure to supply any or all information may cause delay in issuing benefit payments or may cause a denial of benefits. If I make any false statement or misrepresentation or knowingly withhold of a material fact to obtain or increase any benefit or payment, EDD will disqualify me from receiving benefits and/or services and may initiate criminal prosecution against me.

Previous

Cancel

Next

Continue to review ALL the information on each screen.

Select the box to agree to the terms.

Select **Next** to proceed.

Tip

Select **Cancel** at any time to cancel your application.

Select **Previous** to return to the previous screen.

Personal Information

1 Personal Information

2 Employment Information

3 Additional Questions

4 Certification

5 Qualifying Events

6 Declaration

You are currently on Step 1 Personal Information

Verify Your Personal Information

If your personal information has changed, select **Save as Draft**, then select **Profile** from the main menu to update your information before completing this form.

Social Security Number: XXX-XX-XXXX

EDD Customer Account Number: 123456789

Full Name: John Doe

Other Names (if any, under which you have worked):

Date of Birth: XX-XX-XXXX

Gender: Male

Mailing Address: 123 Main St
Sacramento, CA 95814
United States

Phone Number: 916-555-1213

Preferred Language: English

Previous

Cancel

Save as Draft

Next

The system automatically fills certain portions of the application.

Make sure the information is correct. If your personal information has changed, select **Save as Draft** and update your SDI Online profile.

Select **Next** to continue.

EDD Employment Development Department STATE OF CALIFORNIA

SDI Home Inbox New Claim Draft Profile History

Employment Information

1 Personal Information **2 Employment Information** 3 Additional Questions 4 Certification 5 Qualifying Events 6 Declaration

You are currently on Step 2 Employment Information

*Indicates Required Field

Your Employment Details

*Occupation:

*Are you a state government employee? Yes No

If "Yes," indicate bargaining unit number:

*May we disclose benefit payment information to your employer(s)? Yes No

*Do you have more than one employer? Yes No

*Reason for reducing work hours or stopping work: Participating in a qualifying event Other

Other Reason:

Employer Information

Enter your current or most recent employer information.

Note: An incorrect employer name or address can delay benefit payments.

*Name of Employer:

US International

*Address Line 1:

Address Line 2:

*City:

*State: CA

Employer Phone Number: Ext:

Check here if the phone number is international

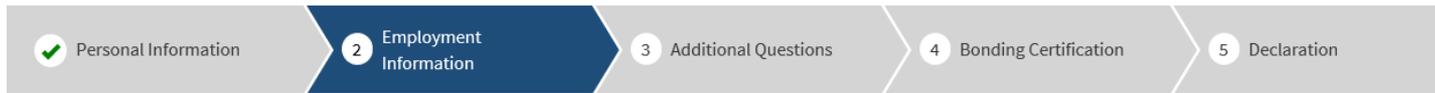
Previous Cancel Save as Draft **Next**

On the Employment Information screen add your current employer's business name, phone number, and mailing address as shown on your W-2 or paystub. Ask your employer if you are unsure what address to enter.

You must complete the fields marked with a red asterisk (*).

Select **Next** to continue.

Employment Details



You are currently on Step 2 Employment Information

*Indicates Required Field

Address Validation

The address you have provided has been updated to meet USPS standards. Please verify the address is correct.

Entered Address

414 k st
sacramento CA 95834

Updated Address

414 K St
Sacramento CA 95814 - 3335

Would you like to proceed with the standardized address? Select 'Yes' to proceed or 'No' to return to correct the address.

No

Yes

The system may adjust the employer address to follow USPS standards.

- Select **Yes** to confirm the updated address is correct.
- Select **No** to go back to the previous screen and re-enter the address.

Additional Questions

Personal Information Employment Information **3 Additional Questions** 4 Bonding Certification 5 Declaration

You are currently on Step 3 Additional Questions

*Indicates Required Field

Section 7 - Additional Questions

*Date you last worked:

The date you want your Paid Family Leave claim to begin should not be before the child's date of birth (or the Date of foster care or adoption placement).

*Date you want your Paid Family Leave claim to begin:

*Do you want to claim the maximum amount of benefit weeks now? Yes No

If "No," enter the date you want to be paid through:

Date you returned to work:

Or date you plan to return to work:

*Will you work at any time during your family leave? Yes No

If you will receive any type of pay from your employer(s) during your family leave, indicate type of pay:
 Sick
 Employer Required Vacation
 Other Type of Pay

Specify if "Other type of pay":

*At any time during your Paid Family Leave, were you in the custody of law enforcement authorities because you were convicted of violating a law or ordinance? Yes No

*Have you claimed or do you plan to claim Workers' Compensation Benefits for any portion of the period covered by this claim? Yes No

Previous

Cancel

Save as Draft

Next

Complete Section 7 - Additional Questions and confirm the dates are correct to avoid a delay or incorrect payment of benefits.

You must complete the fields marked with a red asterisk (*).

Select **Next** to continue.

Bonding Certification

✓ Personal Information ✓ Employment Information ✓ Additional Questions **4 Bonding Certification** 5 Declaration

You are currently on Step 4 Bonding Certification

* Indicates Required Field

Section 3 - Personal Information

* Child relationship:

If you select foster care, adoption or guardianship, please provide the date of placement:

Section 4 - Child's Legal Name and Information

Child's Social Security Number (if available):

* Child's First Name:

Middle Initial:

* Last Name:

Suffix:

* Date of Birth:

* Child's Gender: Male Female

* Is child's residence address different from your residence address? Yes No

Adoption Bonding New Baby or Child

In the Section 3 - Personal Information, select your relationship to the child you are bonding with.

Complete Section 4 - Child's Legal Name and Information with the child's information.

You must complete the fields marked with a red asterisk (*).

Note

If the child's legal residence is different than yours, select **Yes** to enter the child's legal address on another screen.

Bonding Certification



You are currently on Step 4 Bonding Certification

*Indicates Required Field

Section 3 - Personal Information

*Child Relationship:

If you select foster care, adoption or guardianship, please provide the date of placement:

Section 4 - Foster Care Bonding

Placement Worker First and Last Name:

Placement Worker Email:

Placement Worker Phone Number:

Ext:

Foster Child Bonding

In the Section 3 - Personal Information, select **Foster Child** as your relationship to the child you are bonding with and date of placement.

Complete Section 4 - Foster placement worker contact information.

You must complete the fields marked with a red asterisk (*).

Note

The accepted “Proof of Relationship” document options are:

- **Official letter from foster care agency**
- **Adoptive Placement Agreement, AD-907**
- **Independent Adoption Placement Agreement, AD-924**
- **Agency Foster Parents Agreement, SOC-156 Page 3 only**
- **Other evidence of relationship**

Section 5 - Proof of Relationship

To be eligible for Paid Family Leave benefits to bond with a new child, you must submit an approved “Proof of Relationship” document. The “Proof of Relationship” must be received by the Paid Family Leave Office no later than ten (10) days from the date you submit your online bonding claim.

Proof of Relationship document includes:

- Child’s Birth Certificate
- Official letter from foster care agency
- Child’s Hospital Birth Certificate
- Adoptive Placement Agreement, AD-907
- Declaration of Paternity, CS-909
- Independent Adoption Placement Agreement, AD-924
- Agency - Foster Parents Agreement, SOC - 156 page 3 only
- Other evidence of relationship

***Please indicate the type of “Proof of Relationship” you plan on providing from the list of approved “Proof of Relationship” documents:**

Select

- Foster Parents Agreement SOC-156
- Official Foster Care Agency Letter
- Other

Failure to submit the “Proof of Relationship” will result in claim disqualification and no payment on the confirmation page.

Submitting “Proof of Relationship” will be provided

Previous

Cancel

Next

To be eligible for bonding benefits, you must provide an approved Proof of Relationship document.

Select the type of Proof of Relationship document you plan on giving us after you complete the online bonding application.

Upload or mail one of the accepted documents within 10 days from the date you send us your online application.

Instructions to upload or mail your proof of relationship documents are available on the Confirmation screen.

Select **Next** to continue.

Child's Residence Address

✓ Personal Information ✓ Employment Information ✓ Additional Questions **4 Bonding Certification** 5 Declaration

You are currently on Step 4 Bonding Certification

*Indicates Required Field

Section 6 - Residence Address

US International

*Address Line 1:

Address Line 2:

*City:

*State:

*ZIP Code:

Previous

Cancel

Save as Draft

Next

If you selected **Yes** to “Is the child’s residence address different from your residence address?” you must enter the child’s residential address in Section 6 – Residence Address.

You must complete the fields marked with a red asterisk (*).

If you selected **No** to the above question, skip to the next page.

Select **Next** to continue.

CA.GOV Log Out

EDD Employment Development Department
State of California

SDI Home Inbox New Claim Draft Profile History

Benefit Payment Options

✓ Personal Information ✓ Employment Information ✓ Additional Questions ✓ Bonding Certification **5 Declaration**

You are currently on Step 5 Declaration

*Indicates Required Field

Section 8 – Select Your Option

If you're eligible for benefits, you have three options to receive your benefit payments.

***Select your payment option:**

- Direct Deposit
- Debit Card
- Mailed Checks

I have reviewed the Debit Card Fees and Disclosures.

Gather your bank routing and account numbers and select **Next** to continue.

PreviousCancelSave as DraftNext

Complete Section 8 to choose your benefit payment option.

Select the “**I have reviewed...**” box to confirm you have read the disclosures, then select Next.

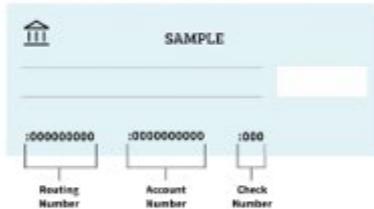
Enter Your Banking Information

*Required Field

First Name
STORMY

Last Name
WEATHER

Routing and Account Number Sample



*Routing Number

Routing number must be 9 digits.

*Account Number

Account number must be 5-17 digits.

 [Show](#)

*Confirm Account Number

 [Show](#)

*Account Type

- Checking
- Savings

Before You Submit

If your bank does not accept direct deposit, you will receive benefit payments on a prepaid debit card.

*You must read and agree to the following documents

[Direct Deposit Terms of Use \(PDF\)](#)
[Prepaid Debit Card Disclosures \(PDF\)](#)

I have read and agree to the terms of use and disclosures.

[Money Network Online Privacy Policy](#)
[Flagstar Bank, N.A. Privacy Policy](#)

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If you selected Direct Deposit, you will be asked to provide your banking information.

You must select and open the “terms of use” documents and disclosures before you can submit your information.

Select **Submit** to continue.

CA
GOV

Home Log Out

EDD Employment Development Department State of California

SDI Home Inbox New Claim Draft Profile History

Section 9 - Declaration

Read the information below and check the box if you agree. A check in the box indicates an electronic signature executed by you, and is a legally binding equivalent of traditional handwritten signatures.

* By my signature on this bonding certification, I authorize the medical provider, adoption agency, adoption party(ies), or foster care placement agency to disclose to the Employment Development Department all facts concerning the birth, adoption, or foster care placement of the above-named child. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements or documents, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my signature or the effective date of the claim, whichever is later.

* By my electronic signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was bonding with the bonding recipient named above; (2) authorize EDD to release my personal information as shown on this claim to the bonding recipient; (3) authorize my employer(s) to disclose to EDD all facts concerning my employment that are within their knowledge; and (4) authorize release and use of information as stated in the Information Collection and Access section of the [Important Paid Family Leave Program Information](#) page. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my electronic signature or the effective date of the claim, whichever is later.

Previous Cancel Save as Draft Submit

Back to Top Contact EDD Conditions of Use Privacy Policy Accessibility

Adoption Bonding Declaration:

Select both check boxes to authorize an electronic signature and the release of your information.

You must complete the fields marked with a red asterisk (*).

Note: You cannot modify the form after you select Submit.

Select **Submit** to send your online claim to us.

Declaration

✓ Personal Information ✓ Employment Information ✓ Additional Questions ✓ Bonding Certification **5 Declaration**

You are currently on Step 5 Declaration

*Indicates Required Field

Section 9 – Declaration

Read the information below and check the box if you agree. A check in the box indicates an electronic signature executed by you, and is a legally binding equivalent of traditional hand-written signatures.

By my signature on this foster care bonding certification, I authorize the foster care placement agency to disclose to the Employment Development Department all facts concerning foster care placement. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements or documents, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of 15 years from the date of my signature or the effective date of the claim, whichever is later.

By my electronic signature on this claim statement, I (1) claim Paid Family Leave benefits and certify that throughout the period covered by this claim I was bonding with the bonding recipient named above; (2) authorize EDD to release my personal information as shown on this claim to the bonding recipient; (3) authorize my employer(s) to disclose to EDD all facts concerning my employment that are within their knowledge; and (4) authorize release and use of information as stated in the Information Collection and Access section of the [Important Paid Family Leave Program Information](#) page. I understand that willfully making a false statement or concealing a material fact in order to obtain payment of benefits is a violation of California law punishable by imprisonment or fine or both. I declare under penalty of perjury that the foregoing statement, including any accompanying statements, is to the best of my knowledge and belief true, correct, and complete. I agree that photocopies of this authorization shall be as valid as the original, and I understand that authorizations contained in this claim statement are granted for a period of fifteen years from the date of my electronic signature or the effective date of the claim, whichever is later.

Previous

Cancel

Save as Draft

Submit

Foster Care Bonding Declaration:

Select both check boxes to authorize an electronic signature and the release of your information. You must complete the fields marked with a red asterisk (*).

Note: You cannot modify the form after you select Submit.

Select **Submit** to send your online claim to us.

CA.GOV Home Log Out

EDD Employment Development Department State of California

SDI Home Inbox New Claim Draft Profile History

Paid Family Leave (PFL) Survey Questions

*Indicates Required Field

Paid Family Leave (PFL) Survey

The EDD has received your portion of your claim for Paid Family Leave benefits. There is one more step to complete before you receive your claim receipt number. Please answer the questions below and then select the "Submit" button for your receipt number.

***Before you filed your Paid Family Leave (PFL) claim, how did you learn about the Paid Family Leave (PFL) benefit program? Please select the response that best applies:**

- From a brochure I received by U.S. mail.
- From a friend or family member.
- From an SDI Online Notification.
- From my employer.
- From a social worker or hospital employee.
- None of these.

Submit

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Complete the survey and select **Submit** to proceed to the next step.

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Confirmation

IMPORTANT: Print this page for your records. If a printer is unavailable at this time, record the Form Receipt Number below. The Form Receipt Number is required to retrieve a copy of the *Paid Family Leave Claim Bonding* (DE 2501F) application. You will not be able to access your confirmation page and Form Receipt Number after this window is closed.

Most claims are processed and a decision is made within two weeks of the date the claim was submitted. If you have not received anything from PFL within 10 days or if you have any questions you may call 1-877-238-4373.

Confirmation Information

Claimant Name:	John Doe	Social Security Number:	XXX-XX-XXXX
Date you requested to have your Paid Family Leave claim begin:	01-21-2021	Receipt Number:	R100000000032193

Instructions for Submitting Proof of Relationship

To be eligible for Paid Family Leave benefits to bond with a new child you must submit an approved "Proof of Relationship" document. The "Proof of Relationship" must be received by the Paid Family Leave Office no later than ten (10) days from the date you submit your online bonding claim.

We assign your application a Receipt Number which will show on the Confirmation screen.

Note

Save the Receipt Number. You need this number to upload your supporting documentation to the correct online claim.

Important

Your claim is not complete. The Confirmation screen provides instructions to upload the other documentation for your bonding claim.

Instructions for Submitting Proof of Relationship

To be eligible for Paid Family Leave benefits to bond with a new child you must submit an approved "Proof of Relationship" document. The "Proof of Relationship" must be received by the Paid Family Leave Office no later than ten (10) days from the date you submit your online bonding claim.

Failure to submit the "Proof of Relationship" will result in claim disqualification and no payment will be issued.

Electronically

You may attach your electronic "Proof of Relationship" now:

[Attach my Proof of Relationship](#)

You may also submit your electronic Proof of Relationship at a later date by following these navigation instructions:

1. Select New Claim on the Main Menu.
2. Choose Submit Electronic Paid Family Leave Bonding Attachment.

Mail

If you are mailing a "Proof of Relationship" document it must be a photocopy. Do not mail originals. On each page include your 9-digit Social Security Number, receipt number and date you requested to have your Paid Family Leave claim begin. The receipt number can be found above.

Mail your document to:
EDD - Paid Family Leave
PO BOX 997017
SACRAMENTO CA 95799-7017

To complete your bonding claim, you must submit your Proof of Relationship online or by mail.

- To submit it online, select **Attach my Proof of Relationship** and follow the instructions. Review [Submit Supporting Bonding Claim Documents](#) for instructions.
- To submit by mail, send copies of your proof of relationship documents to the address on the screen. Do not mail originals. On each page include your nine-digit Social Security number, Receipt Number, and your requested claim start date.



Submit your Supporting Bonding Documents

Learn more about how to submit your proof of relationship documents to complete your application for bonding benefits.



[Get Started](#)

To avoid processing delays for your uploads:

Note

To upload a document, save the document to your computer or phone as a PDF, JPG, JPEG, TIF, or TIFF file. All file sizes must be 5MB or less

Important

You must send us these documents no more than 10 days from the date you filed your claim.

Accepted Proof of Relationship

The accepted “Proof of Relationship” document options for foster care or adoption are:

- Official letter from foster care agency
- Adoptive Placement Agreement, AD-907
- Independent Adoption Placement Agreement, AD-924
- Agency Foster Parents Agreement, SOC-156 Page 3 only
- Other evidence of relationship

Home

Message Center

Check the message center Inbox below to review messages and take required actions as needed.

Inbox [New: 0, Total: 0]

Personal Information

Full Name:	John Doe	EDD Customer Account Number:	123456789
Mailing Address:	123 Main St Sacramento, CA 95814	Phone Number:	916-555-1212
Residence Address:	123 Main St Sacramento, CA 95814	Cell Phone Number:	916-555-1213
E-mail Address:	Jdoe@gmail.com		

Current Disability Insurance Claim(s)

To submit your Proof of Relationship document or if you need to submit more than one document (e.g., birth certificates for twins or to resubmit a document):

- Select **New Claim** from the main menu.

Apply for Benefits or Continue a Draft Application

Select a link below to apply for Disability Insurance or Paid Family Leave benefits. If you have already submitted a *Claim for Disability Insurance* (DE 2501) or a *Claim for Paid Family Leave* (DE 2501F), do not submit a duplicate form. It may take up to 14 days for your Initial Claim form to be reviewed and processed. Submitting duplicate forms may delay the processing of your claim.

Note: It may be necessary to send some documents via US Postal Service.

Apply for Disability Insurance Benefits

[Disability Insurance](#)

Apply for Paid Family Leave Benefits

[Paid Family Leave Bonding](#)

[Submit Electronic Paid Family Leave Bonding Attachment](#)

[Paid Family Leave Care](#)

[Submit Electronic Paid Family Leave Care Attachment](#)

[Paid Family Leave Military Assist](#)

[Submit Electronic Paid Family Leave Military Assist Attachment](#)

Saved Drafts

To open and complete a form that you saved, select the **Form Name**. Saved drafts are stored for a limited number of days and will be automatically deleted on the date indicated. To delete a draft immediately, select the checkbox and then select the **Delete** button.

Under Apply for Paid Family Leave Benefits, select **Submit Electronic Paid Family Leave Bonding Attachment**

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Form Attachment

To attach a file to your successfully submitted Paid Family Leave claim form, choose the 'Select' link under the Action field. Most claims are processed and a decision is made within two weeks of the date the claim was submitted.

If you have not received anything from PFL within 10 days or if you have any questions you may call 1-877-238-4373.

Select Claim to Attach Document

Form Name	Submitted Date	Receipt Number	Action
DE 2501F, Claim for Paid Family Leave (PFL) Benefits - Bond with Child	07-01-2021	R100000000032193	Select

Cancel

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Make sure the **Receipt Number** matches the number you got when you submitted the online application.

If it matches, choose **Select** from the **Action** column to attach a document to your file.

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Attachment

*Indicates Required Field

Identifying Information for Previously Submitted Paid Family Leave Initial Bonding Claim

Your Social Security Number:	XXX-XX-0001	Date you requested to have your Paid Family Leave claim begin:	01-21-2021
Form Receipt Number:	R100000000032193		

Previously Submitted Attachments for Paid Family Leave Initial Bonding Claim

No Results Found

Attachment

To attach a document, select the **Browse** button below.

- File size: less than 5MB
- File type: PDF, JPG, JPEG, TIF or TIFF

*Please click the "Browse" button to browse for the document:

No file chosen

*Do you want to attach more documents? Yes No

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Select **Browse** to upload a document from your computer or phone.

The screenshot shows the EDD State of California website interface. At the top, there is a navigation bar with 'CA.GOV', 'Home', and 'Log Out'. Below this is a secondary navigation bar with 'SDI Home', 'Inbox', 'New Claim', 'Draft', 'Profile', and 'History'. The main content area is titled 'Attachment' and includes a note: '*Indicates Required Field'. The primary section is 'Identifying Information for Previously Submitted Paid Family Leave Initial Bonding Claim', which contains the following details: 'Your Social Security Number: XXX-XX-0001', 'Date you requested to have your Paid Family Leave claim begin: 01-21-2021', and 'Form Receipt Number: R100000000032193'. Below this is a section for 'Previously Submitted Attachments for Paid Family Leave Initial Bonding Claim' which shows 'No Results Found'. The 'Attachment' section instructs users to click the 'Browse' button to attach a document, with file size and type restrictions. A file selection box shows 'No file chosen' and a 'Browse' button. A red box highlights the question '*Do you want to attach more documents?' with radio buttons for 'Yes' and 'No', where 'No' is selected. Another red box highlights the 'Submit' button. At the bottom, there are 'Previous', 'Cancel', and 'Submit' buttons, and a footer with links for 'Back to Top', 'Contact EDD', 'Conditions of Use', 'Privacy Policy', and 'Accessibility'.

To upload more than one document, select **Yes** to “Attach another document?” and then select **Submit**. This sends you back to the Attachment screen to continue uploading documents.

When you are done uploading your documents, select **No** to “Attach another document?” and then select **Submit**.

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Attachment

*Indicates Required Field

Identifying Information for Previously Submitted Paid Family Leave Initial Bonding Claim

Your Social Security Number: XXX-XX-0001 Date you requested to have your Paid Family Leave claim begin: 01-21-2021

Form Receipt Number: R100000000032193

Previously Submitted Attachments for Paid Family Leave Initial Bonding Claim

File Name	Receipt Number
Birth Certificate.jpg	R100000000032195

Attachment

To attach a document, select the **Browse** button below.

- File size: less than 5MB
- File type: PDF, JPG, JPEG, TIF or TIFF

*Please click the "Browse" button to browse for the document:

No file chosen **Browse**

*Do you want to attach more documents? Yes No

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The Attachment screen confirms that your attachment was submitted. Select **Submit**. Your bonding claim is now complete. Save the **Receipt Number** for future reference. Allow at least 14 days for us to process your claim.

CONTACT US

1-877-238-4373

— Helpful Links —



[Order Forms](#)



[Schedule a Webinar](#)



[Help Fight Fraud](#)



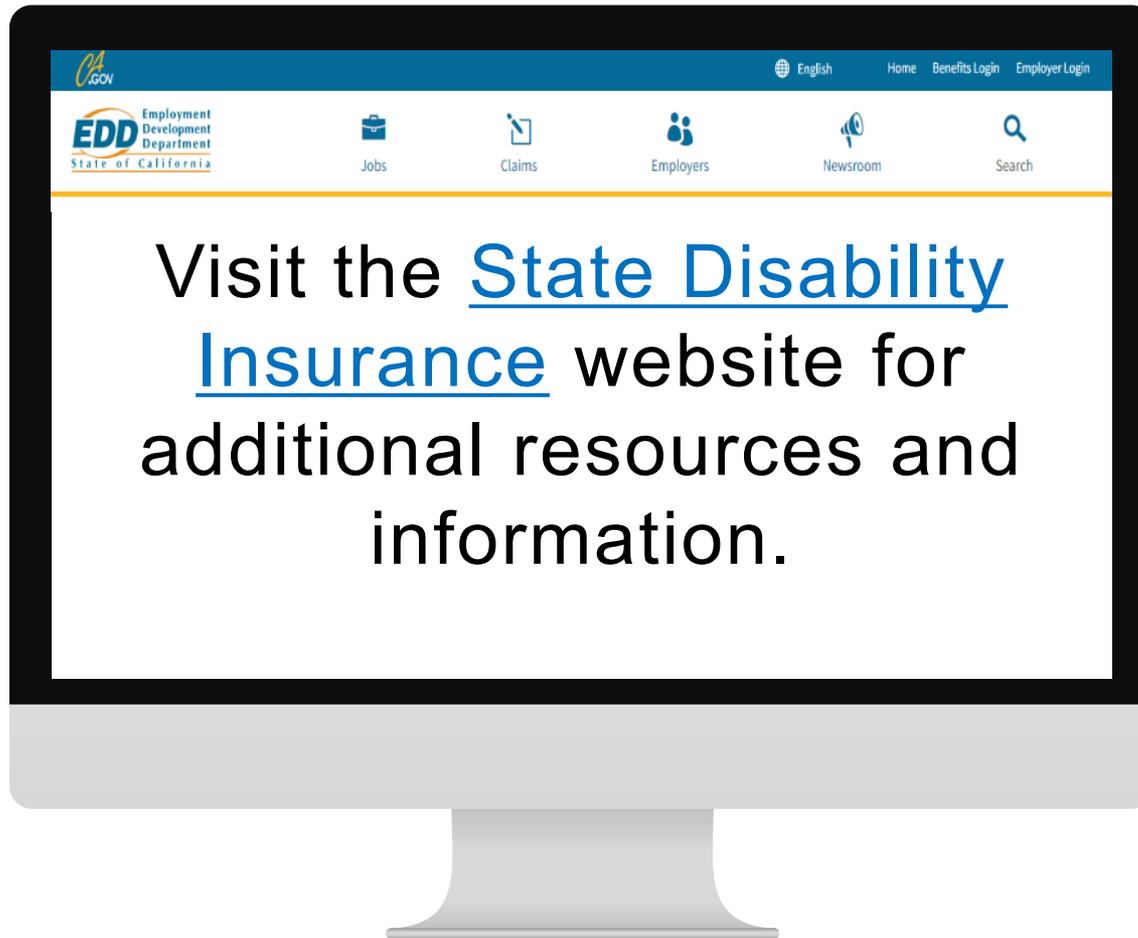
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EDD is an equal opportunity department for this information. If you need help or services because of a disability, call 1-866-490-8879. TTY users, please call the California Relay Service at 711.