DELAWARE OPPORTUNITIES INC.

35430 State Highway 10, Hamden, NY 13782

Phone: (607) 746-1600 Fax: (607) 746-1605
Email: info@delop.org
Website: www.delawareopportunities.org

Serving Delaware County

Head Start
Developmental Disabilities
Big Buddy
Parent Education
Day Care
Resource/Referral
(Legally Exempt)
(Registration)
(Child Care Assistance)
(USDA Sponsor)
(Inspections)
Healthy Families

Senior Dining
Home Care Services

Safe Against Violence
(Domestic Violence)
(Rape Crisis)
(Office of Victim Services)
(Child Advocacy)

Jobs Work Crew
Work in Progress

Community Food and Nutrition

Weatherization
(Serving both Delaware and Sullivan Counties)

Housing Assistance and Community Development
(Housing Development)
(Homeownership/Tenant Counseling)
(Rental Assistance)
(Housing Rehabilitation)

HEAP

Family Development

Family Residences
Independent Living Skills

WIC
Car Seat Safety

Food Bank Services and Clothing/Household Goods

Emergency Food and Shelter

Homeless Assistance/Prevention

Transportation

Recovery Peer Program

Dear Delaware County Parent:

To apply for Child Care Assistance Program, you will need to do the following:

You will need to fill out all the enclosed forms in the packet. If you have any questions about the forms please call 607-746-1620 or come in Monday thru Friday, 8:00am to 3:30pm and we will be happy to assist you.

You must include the following copies of documents:

1. Copies of Birth Certificates for all family members.
2. Copies of Social Security cards for all family members.
3. **Proof of Income, if you get paid weekly, we will need 8 weeks of current pay stubs and if you get paid bi-weekly we will need 4.** If you are newly employed and don't have pay stubs yet, have your employer write a letter which needs to state the number of hours you work per week and your rate of pay, it should be signed and dated by your employer with a phone number and address. If you are self- employed, please fill out the enclosed form and include your most recent tax return.
4. Confirm your place of residency by sending a piece of mail with your physical mailing address on it. (ex. Junk mail or a utility bill)
5. Divorce or Separation papers
6. Custody papers
7. **You may Scan and email to daycare@delop.org, fax to 607-746-1648 attention Day Care, or you may mail to the above address.**

Incomplete applications can only be held for 30 days before they are denied. Failure to return all the required documents will result in the application not being processed quickly, and the parent will be responsible to pay the provider.

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2025 Guidelines / Child Care Assistance Program

To qualify for this program, your gross income must fall below the State Median Income. The following are the standards to be used effective June 1, 2025 to determine eligibility for services provided.

Family Size	State Median Income
2	$77,226.00
3	$95,396.83
4	$113,567.65
5	$131,738.47
6	$149,909.30
7	$153,316.33
8	$156,723.36

For more information, contact the Child and Family Development Division, Delaware Opportunities, Inc. @ (607) 746-1620.

Cc: Shelly Bartow Executive Director
Janelle Montgomery, CFD Director

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DELAWARE OPPORTUNITIES, INC
CONSENT FOR RELEASE OF INFORMATION

I authorize: **Delaware County Department of Social Services** and **Delaware Opportunities.**

To exchange and / or update information with Delaware Opportunities Inc. for the purpose of providing services for:

Child Care Assistance Program/ and all other programs at Delaware Opportunities

_____
(Name of person Receiving Services)

_____
(Client's Signature) (Date)

_____
(Parent Guardian Signature, if applicable) (Date)

_____
(Delaware Opportunities, Inc. Representative) (Date)

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Date_____

Dear Delaware County Parent :

Day Care Assistance can only be applied to care used during Working hours or while traveling to and from work. To help us assess the number of hours you will be utilizing day care, please fill in the information below.

WORK SCHEDULE : (PLEASE SPECIFY AM or PM)

Monday: _____
Tuesday: _____
Wednesday: _____
Thursday: _____
Friday: _____
Saturday: _____
Sunday: _____

Days and times vary: (please explain) _____

Form of Transportation: (please check one)

Car ____
Walking _____
Other _____ Please explain :_____

Hours traveling to and from work :

To work: _____
From work : _____

My legal Day Care Provider's Name is :_____

Place of employment :

Mother : _____
Father : _____

Signature :_____

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Form of Transportation: (please check one)

Car ____
Walking _____
Other _____ Please explain :_____

Hours traveling to and from work :

To work: _____
From work : _____

My legal Day Care Provider's Name is :_____

Place of employment :

Mother : _____
Father : _____

Signature :_____

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REGISTERED FAMILY DAYCARE/ DAYCARE CENTER

Date _____

Parent Name _____

Child's Name / Age _____

_____

Does this child have any special needs? Yes _____ No _____

If yes, please explain:

_____

The child care provider I have chosen is:

Name _____

Address _____

_____

County _____

Telephone (____) _____

CCFS FACILITY / LICENSE # _____

Social Security # / Tax ID # _____

Provider's Charge: Weekly _____ Hours Child in Care ____

Daily _____

Part Day _____

Date Child began or will begin child care _____

_____ _____
Parent Signature Provider Signature

"Helping people become self-sufficient and attain and better quality of life," since 1965

CHILD CARE ASSISTANCE PROGRAM (CCAP): CLIENT RIGHTS & RESPONSIBILITIES

Delaware Opportunities Day Care Department staff hopes you find this program beneficial. If you need further information or have any questions, please call us at (607) 746-1620

RIGHTS:

At the time that you apply for child care assistance; Delaware Opportunities Inc. is advising you:

- About the various child care programs available and the requirements of the child care program for which you may be eligible;
- That you may arrange care with any regulated or informal child care provider located in any county that participates and accepts CCAP;
- That you will need to pay a weekly family share for child care services, which is determined by total household gross income;
- About factors to consider when selecting a child care provider;
- What documents or other information you must submit in order for Delaware Opportunities Inc. CCAP to determine whether you are eligible for financial assistance;
- That you have the right to have child care services provided without discrimination based on race, religion, national origin, sex, disability, political belief or any other protected class;
- That you have the right to change childcare providers or close your CCAP case for any reason;
- That CCAP funds are available for temporary public assistance recipients (Temporary Assistance for Needy Families [TANF]); and
- That CCAP funds are available for up to 80 absence days per child/per provider/per year, regardless of the reason for the absence, as well as 20 program closures per provider/per year for 2 professional development days, federal/religious holidays, snow days, power outages, and any other circumstance out of the provider's control. (***registered/licensed providers only***)

RESPONSIBILITIES:

- Return to Delaware Opportunities Inc. a *completed and signed* application packet along with additional required documentation that will be used to determine your continued eligibility;
- Notify Delaware Opportunities Inc. within 10 days of any change in household income, work schedule, household composition (i.e. birth of child, divorce, marriage, etc.), living arrangements, written verification of new employment, child care provider or other changes which may affect your continued eligibility;
- Pay directly to child care provider your pre-determined family share on a weekly basis;
- Parents must sign the attendance voucher at the end of the month. Your signature verifies that the recorded days and hours are an accurate account of your work schedule. (Blank vouchers may not be signed in advance); and
- Attendance vouchers must be received by Delaware Opportunities Inc. by the fourth day of each month.

I have read, understood and agree with the rights and responsibilities of the Child Care Assistance Program

_____ _____

Signature **Date**

FAILURE TO MEET THESE RESPONSIBILITIES MAY RESULT IN THE TERMINATON OF YOUR CHILD CARE ASSISTANCE FUNDING

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CHILD SUPPORT FORM

TO BE APPROVED FOR THE CHILD CARE ASSISTANCE PROGRAM YOU MUST BE DOING ONE OF THE FOLLOWING!

1. I receive $_____ per- week, bi-weekly, monthly. (please circle one)
   Child (2) $_____per- week, bi-weekly, monthly. (please circle one)
   Child (3) $_____per- week, bi-weekly, monthly. (please circle one)
   Child (4) $_____per- week, bi-weekly, monthly. (please circle one)
   Child (5) $_____per- week, bi-weekly, monthly. (please circle one)

   Signature: _____ Date: _____

2. I have private legal representation to pursue child support.
   Please submit proof of legal documentation.

   Signature: _____ Date_____

3. I am currently working with the Department of Social Services
   Child Support Collection Unit. **Please submit proof of documentation.**

   Signature: _____ Date: _____

4. If you are not receiving or pursuing child support, please give a
   brief description / reason why? **Submit proof of documentation**

   _____

   _____

   Signature: _____ Date: _____

*** I hereby authorize Delaware Opportunities to release or receive confidential information from the Department of Social Services.**

Signature: _____ **Date:** _____

"IMPORTANT NEW STATE REGULATION"
Please Submit Documentation as proof you are working with the Department of Social Services Child Support Unit: or Private Legal Representation: or obtained a Child Support Order through the court or have Good Cause not to pursue Child Support.

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TO BE COMPLETED BY APPLICANT

PLICANT'S NAME (First) (M.I.) (Last)	BUSINESS NAME
PLICANT'S ADDRESS (Street) (City) (State) (Zip Code)	BUSINESS ADDRESS
PLICANT'S TELEPHONE NO. REA CODE	BUSINESS TELEPHONE NO. AREA CODE

FINANCIAL STATUS (FARM OR BUSINESS)

NOTE: Depreciation, personal expenses and entertainment, personal transportation, purchase of capital equipment and payments of the principals on loans are NOT allowable deductions. Losses from previous years are also NOT deductible.

	MONTH ONE FROM: ____ TO: ____	MONTH TWO FROM: ____ TO: ____	MONTH THREE FROM: ____ TO: ____
I. BUSINESS INCOME	GROSS INCOME	GROSS INCOME	GROSS INCOME
1. Gross Sales	$	$	$
2. Inventory Purchases			
3. Gross Income *(line 1 minus line 2)*	*3a*	*3b*	*3c*
I. BUSINESS EXPENSES	DEDUCTIONS	DEDUCTIONS	DEDUCTIONS
4. Telephone	$	$	$
5. Supplies			
6. Heat / Utilities			
7. Advertising			
8. Interest			
9. Insurance			
10. Bank Charges			
11. Repairs			
12. Business Taxes			
13. Business Vehicle Expenses			
14. Business Rent			
A. Property			
B. Equipment			
15. Other Expenses *(Specify)*			
I. INCOME SUMMARY	SUMMARY	SUMMARY	SUMMARY
16. TOTAL Business Expenses *(lines 4 thru 15)*	16a	16b	16c
17. NET INCOME *(line 3 minus line 16)*	17a *(3a minus 16a)*	17b *(3b minus 16b)*	17c *(3c minus 16c)*

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LANDLORD FORM

If this form is completely filled out by your landlord, it can establish your address and the persons living with you. If the home is owned by you, this form can be signed by two friends or neighbors. If you are unable to obtain your landlords signature you may also have two friends or neighbors sign the form.

1. Name of occupant : _____

   Location /address : _____

   Address is in : _____ County _____

   Tenant begin occupancy : _____

2. List below all persons living in this unit :

_____ _____ _____

_____ _____ _____

_____ _____ _____

(I am unable to verify this _____)

This form is for verification purposes only and does not imply any obligation on the part of this agency.

_____
Landlord / (2) friends / neighbors Date

Return this form to: Delaware Opportunities Inc.
Child and Family Development Division
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Child Care Assistance Program Survey

Delaware Opportunities Inc. Child Care Assistance Program strives to support the families we serve. Please fill out and return the Survey form to give us feedback on our performance.

1. The staff were knowledgeable and able to answer questions I had.
   1. Strongly agree 2. Agree 3. Neither agree or disagree
   4. Disagree 5. Strongly disagree
2. The service I received satisfied the need that I had when coming to Delaware Opportunities.
   1. Strongly agree 2. Agree 3. Neither agree or disagree
   4. Disagree 5. Strongly disagree
3. I would recommend Delaware Opportunities to other individuals in need of services.
   1. Strongly agree 2. Agree 3. Neither agree or disagree
   4. Disagree 5. Strongly disagree
4. I was treated with dignity and respect at all times receiving services.
   1. Strongly agree 2. Agree 3. Neither agree or disagree
   4. Disagree 5. Strongly disagree
5. What could be done to improve upon the services you received? (short answer please)

Delaware Opportunities Inc. Agency Intake Form

PLEASE PRINT ALL AREAS NEATLY AND LEGIBLY

Please complete the front and back of this form to the best of your knowledge; all information provided is strictly confidential and may be shared with other programs at Delaware Opportunities Inc. with your signed consent.

Applicant signature: _____

Staff signature if unable to obtain a signature and verbal consent was obtained: _____

Program: _____ Date of visit: _____ Service site: _____

Social security number: _____-_____-_____

First name: _____ MI: _____ Last name: _____ DOB: _____

Mailing address:

_____

House number Apt # Street City State Zip Code Town

Physical address:

_____

House number Apt # Street City State Zip Code Town

County: _____

Best way to reach you: (circle one) email mail home phone cell phone message phone/other

home phone number: _____ cell phone number: _____

email address: _____ message phone/other/social media name: _____

Household type, check one:

☐ multigenerational ☐ other ☐ single parent female ☐ single parent male ☐ single person only ☐ two adults only ☐ two parent ☐ unrelated adult ☐ unrelated adults with child ☐ unspecified

Housing situation, check one:

☐ homeless ☐ other ☐ other permanent housing ☐ own ☐ own mobile home ☐ own multifamily ☐ rent ☐ temp stable ☐ temp unstable

Information regarding gender, education, or disability is collected for statistical information only. This information will not be used to determine eligibility. Some of this information is requested by the Federal Government in order to monitor laws prohibiting discrimination against those seeking services. You are not required to furnish this information, but you are encouraged to do so.

Please turn this over to enter all information on applicant and all household members.

For office use only:

_____ Initials of staff that entered data into Captain/central intake _____ date

_____ Initials of staff that entered data into program intake _____ date

_____ Initials of staff that returned intake to program _____ date

Social security number	First Name	Middle Initial	Last Name	Date of Birth	Gender: Male (M) Female (F) Transgender (T) Unspecified (U)	Pregnant: Y or N	Marital status: see codes below	Relation to applicant; see codes	Ethnicity: Hispanic: Y or N	Race: see codes below	Education: see codes below	Health Insurance: see codes below	Veteran: Y or N (If Active; A)	Disabled: Y or N	Work status: See codes below	Farmer: Y or N	Disconnected youth: see codes	Benefits received by participant (see codes below)
APPLICANT from front page	JOHN	J	SMITH	01/01/2010	M	N	A	A	Y	E	E	H	Y	N	B	N	F	D, C

Marital Status	Relation to Applicant	Race	Education	Insurance	Work status	Disconnected Youth	Benefits received by participant
A. Single	A. Applicant	A. Native American	A. 0-8	P. Private	A. Full time	A. In School/Not Working	I. Affordable care act/Marketplace
B. Married	B. Mother	B. Asian	B. 9-12 Non-grad	A. Medicare	B. Part time	B. In school/Working	H. Child care voucher/day care subsidy
C. Widowed	C. Mother figure	C. Caucasian/White	C. High School grad	H. Medicaid/Fidelis	C. Retired	C. Not in school/Not Working	D. Housing choice voucher/Section 8
D. Separated	D. Father	D. African American/Black	D. GED	E. Employment Based	D. Unemployed short term 6 months or less	D. Over 24	C. HEAP
E. Divorced	E. Father figure	E. Bi-Racial/Multi Racial	E. 12+ some college	M. Military	E. Unemployed long term over 6 months	E. Unknown/Not Reported	N. None
F. Other	F. Child	F. Hawaiian/Pacific Islander	F. 2 yr. college grad	C. Child Health Plus	F. Unemployed/not in labor force	F. Working/Not in school	J. Other
G. Unspecified	G. Sister	G. Other_____	G. 4 yr. college grad	N. None	G. Unknown/not reported		A. SNAP/food stamps
	H. Brother	H. Unknown/not reported	H. Vocational	U. Unspecified			K. Unknown/not reported
	I. Guardian		U. Unspecified				B. WIC
	J. Friend						U. Unknown/not reported
	K. Spouse						
	L. Grandparent						
	M. Foster parent						
	N. Foster child						
	O. Grandchild						
	P. Other						
	Q. Other related						
	R. Partner						
	Q. Relative						
	S. Stepfather						
	T. Stepmother						

Delaware Opportunities Income Eligibility Worksheet

Last Name: _____ First Name: _____ MI: _____

Street: _____ City/Town: _____

State: _____ Zip Code: _____

List only ONE income source per line. If a HH member has more than one source of income, ie: wages and child support, use a separate line for each income type.

Household member (including self)	Income source from chart below	Monthly Amount	Notes (if needed)

Source of Income

A. Alimony
B. Child Support
C. None
D. Other
E. Pension
F. Private Disability
G. Public Assistance/TANF
H. Rental Income
I. Self-employed
J. Social Security
K. SSDI
L. SSI
M. Unemployment Insurance
N. Unspecified
O. Veterans benefits
P. Wages
Q. Workman's Compensation
R. Not reported

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

APPLICATION FOR CHILD CARE ASSISTANCE

This application is for you to apply for non-guaranteed Child Care Assistance only. If you want to apply for other state benefits, including guaranteed Child Care Assistance, please use the *New York State Application for Certain Benefits* (LDSS-2921). You can talk to your Local Department of Social Services if you have any questions or need help.

Please answer all questions that do not say optional. Please write clearly. Please do not write in the shaded areas.

Tell us about yourself.

Full name (Please include first and last name.)

Aliases:

Street Address
Street: Apt. No./Fl.: City: State: County: Zip Code:

Mailing Address (if different)
Street: Apt. No./Fl.: City: State: County: Zip Code:

Phone Number
( ) -

Phone Number Type
☐ Cell Phone ☐ Home Phone/Landline ☐ Work Phone

Email (*This is optional.*)

How would you like to be contacted? (*This is optional.*)
☐ Phone ☐ Email ☐ Other (Please tell us.)

Primary Language
☐ English ☐ Spanish ☐ Other (Please tell us.):

Marital Status
☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Do you or any adult(s) applying with you receive any of the following benefits?

☐ Medicaid
☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Housing Vouchers or Assistance
☐ Home Energy Assistance Program (HEAP)
☐ Women Infants & Children Program (WIC)
☐ Other federal assistance programs such as Supplemental Security Income (SSI)
☐ Head Start/Early Head Start
☐ Cash Assistance from TANF
☐ None of these.

Tell us about your household's circumstances.

Do any of these apply to you or any adult(s) applying with you?

- **Homeless** (no fixed, regular and adequate place to stay at night) ☐ Yes ☐ No
- A parent is on active duty (serving full time) in the **U.S. Military** ☐ Yes ☐ No
- A parent is a member of the **National Guard** or **Military Reserve Unit** ☐ Yes ☐ No
- Receiving or applying for other child care funding ☐ Yes ☐ No
  - If yes, please give us the agency name: _____
- Reason(s) child care is needed: _____

Tell us about everyone in your home.

LN	First Name and Last Name	DATE OF BIRTH (MM-DD-YY)	SEX (M/F/X)	RELATIONSHIP TO YOU	Gender Identity *This is optional.* (Please describe.)	SOCIAL SECURITY NUMBER (SSN) *Optional*	Enter Y (Yes) or N (No) if Hispanic or Latinx (Optional) H	Enter Y (Yes) or N (No) for each race* (Optional) I	A	B	P	W	Does the child need child care? (Y/N)	FOR EACH CHILD in need of child care, please answer Yes or No. Is the child a U.S. citizen/ national or has satisfactory immigration status?	Does the child have special needs?	Do both parents live in the home?
1				SELF												
2																
3																
4																
5																
6																
7																
8																

* **Racial Affiliation Codes: H** – Hispanic, **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White

If you need more room or there is more information you think we might need, you can use extra pages.

Tell us about parent(s) who do not live in the home.

List all the children who need child care, whose parent does not live in the home.

Names of children under 19	Is the parent that does not live in the home available to provide care?	If no, please provide the reason.
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Tell us about your job and other activities.

Do you need child care because you are **working**? ☐ Yes ☐ No	Are you about to start a new job? ☐ Yes ☐ No If yes, start date: / /	Are you looking for work? ☐ Yes ☐ No
EMPLOYER'S NAME	**TOTAL HOURS WORKED PER WEEK**	Does your schedule change week to week? ☐ Yes ☐ No

TYPICAL WORK SCHEDULE – *If your schedule changes, enter your schedule from last week.*	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Do you have more than one job? ☐ Yes ☐ No *If yes, please use extra pages to give us more information about your other job(s).*

Do you need child care because you are in a **training program for work**? ☐ Yes ☐ No	Are you about to start a training program for work? ☐ Yes ☐ No If yes, start date: / /
TRAINING PROGRAM NAME/FACILITY	**TOTAL HOURS OF TRAINING PER WEEK**

Does your schedule change week to week? ☐ Yes ☐ No

TYPICAL TRAINING SCHEDULE – *If your schedule changes, enter your schedule from last week.*	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Do you need child care because you are going to **college/taking classes**? ☐ Yes ☐ No	Are you about to start college/taking classes? ☐ Yes ☐ No If yes, start date: / /
SCHOOL OR COLLEGE NAME	**TOTAL HOURS OF CLASSES PER WEEK**

Does your schedule change week to week? ☐ Yes ☐ No

TYPICAL CLASS SCHEDULE – *If your schedule changes, enter your schedule from last week.*	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Tell us about the other adult(s) applying with you and their activities.

Whose job information is this? (Check one.) ☐ Spouse ☐ Other parent ☐ Other adult **Do they have more than one job?** ☐ Yes ☐ No *If yes, please use extra pages.*

Is the adult **working**? ☐ Yes ☐ No	Is the adult about to start a new job? ☐ Yes ☐ No Start date: / /	Is the adult looking for work? ☐ Yes ☐ No
EMPLOYER'S NAME	**TOTAL HOURS WORKED PER WEEK**	Does the schedule change week to week? ☐ Yes ☐ No

TYPICAL WORK SCHEDULE – *If the schedule changes, enter the schedule from last week.*	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Is the adult in a **training program for work**? ☐ Yes ☐ No	Is the adult about to start a training program for work? ☐ Yes ☐ No If yes, start date: / /
TRAINING PROGRAM NAME/FACILITY	**TOTAL HOURS OF TRAINING PER WEEK**

Does the schedule change week to week? ☐ Yes ☐ No

TYPICAL TRAINING SCHEDULE – *If the schedule changes, enter the schedule from last week.*	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Is the adult going to **college/taking classes**? ☐ Yes ☐ No		Is the adult about to start college/taking classes? ☐ Yes ☐ No If yes, start date: / /
SCHOOL OR COLLEGE NAME	**TOTAL HOURS OF CLASSES PER WEEK**	Does the schedule change week to week? ☐ Yes ☐ No

TYPICAL CLASS SCHEDULE – *If the schedule changes, enter the schedule from last week.*	**SUNDAY**	**MONDAY**	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**

Tell us about your household income.

Let us know if you or anyone applying with you receives money from any of the following:	**YES**	**NO**	**WHO?**	**GROSS AMOUNT**	**PERIOD (week, month, etc.)**	**WHO?**	**GROSS AMOUNT**	**PERIOD (week, month, etc.)**
Income From Work (including wages/salary, overtime, commissions, training programs, tips)	☐	☐						
Net Self-Employment Income	☐	☐						
Child Support Payments (received)	☐	☐						
Alimony/Spousal Support (received)	☐	☐						
Unemployment Insurance Benefits, Workers' Comp.	☐	☐						
Social Security Benefits (including SSI)	☐	☐						
Disability Benefits (New York State, Veterans Affairs, Private)	☐	☐						
Rental/Boarder/Lodger Income (received)	☐	☐						
Dividends/Interest - Stocks, Bonds, Savings	☐	☐						
Pensions/Annuities	☐	☐						
Public Assistance (PA) Grant, Safety Net Benefits	☐	☐						
Other (Please specify.)	☐	☐						

Consents and Notices

CHANGE REPORTING – I understand that I am responsible for *immediately* telling the Social Services District about anything that may change my eligibility or benefit including a change in family income, who lives in my home, employment, child care arrangements, or other changes that may affect my eligibility or the amount of my benefit.

PENALTIES – Federal and state laws have penalties (including fines and imprisonment) if you are not truthful when you apply for child care assistance, when you are asked about your eligibility, or if you cause someone else to be untruthful regarding your application or eligibility. Penalties also apply if you hide or do not share facts regarding your eligibility for child care assistance or if you hide or do not share facts that would affect the right of someone else that you have applied for to receive child care assistance. If you are an authorized representative and applying for someone else, child care assistance must be used for that person and not yourself. It is unlawful to get child care assistance by hiding information or giving false information.

CITIZENSHIP – I understand that getting assistance will not affect me or my family's immigration status. Immigration information is private and confidential, and I understand that this information will only be shared to make decisions about the Child Care Assistance Program.

CONSENT FOR INVESTIGATION – By signing this application, I agree to cooperate fully with any investigation to verify or confirm the information I have given and any other investigation in connection with my request for child care assistance. I will provide additional information if it is requested.

RESOURCES – I confirm that my family resources are not more than $1,000,000.
JURISDICTION – I understand that if I move out of the Social Services District that determined my child care assistance eligibility, the information about myself, my child(ren), and anyone living in my home, may be given to any Social Services District I move to within New York State. By signing this application, I am allowing the information that is in my child care case file to be given to the new Social Services District that I move to, for my continued eligibility.
NON-DISCRIMINATION – This application will be considered without regard to race, color, sex, gender identity, sexual orientation, disability, religious creed, national origin, political belief, or any other factors prohibited by law.

Attestation and Signature

Please read the notices and agreements above, check the box, and sign the application. By checking the box and submitting this application, you agree to the following:

- I agree that I have read and understand the notices in the section above.
- I understand and agree to the consents in the section above.
- I want to apply for child care assistance.
- I have been honest on this application, and it is complete to the best of my knowledge.

☐ I attest that the information I provided on this application is correct and complete to the best of my knowledge.

YOUR SIGNATURE	PRINT NAME	DATE SIGNED
X		/ /
THE OTHER ADULT(S) SIGNATURE	**PRINT NAME**	**DATE SIGNED**
X		/ /

FOR AGENCY USE ONLY:

CASE NAME:	**CASE NUMBER:**	**DISTRICT CASE TYPE:** 40	**APPLICATION DATE:** / /
SERVICES TRANSACTION TYPE: ☐ New Open ☐ Reopen ☐ Recertification		**DISPOSITION:** ☐ Denial Reason Code:	☐ Withdrawal
ELIGIBILITY DETERMINED BY:		**DATE:** / /	
ELIGIBILITY APPROVED BY:		**DATE:** / /	

CHILD CARE AUTHORIZATION (DATES): FROM / / TO / /		**COMMENTS:**
L1 CIN:	**L4 CIN:**	
L2 CIN:	**L5 CIN:**	
L3 CIN:	**L6 CIN:**	

NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

☐ **Yes** If you checked YES, please complete the VOTER REGISTRATION APPLICATION below

☐ NO because I choose not to register OR

☐ I am already registered at my current address *OR*

☐ I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

X _____ / /
Signature Date

_____
Please Print Name

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al **1-800-367-8683**

中文資料:若您有興趣索取中文資料表格, 請電: **1-800-367-8683**

한국어: 한국어 한국어 양식을 원하시면 **1-800-367-8683** 으로 전화 하십시오.

যদিআপনিএইফর্ম ইংরেজীরেপপরেচাতিতেচাহরে **1-800-367-8683** তিম্বরে পফাতি করুতি

VOTER REGISTRATION APPLICATION (instructions on back)

☐ I need an application for an Absentee Ballot **Please print or type in blue or black ink** ☐ Yes, I would like to be an Election Day Worker

1	**Are you a U.S. citizen?** ☐ YES ☐ NO If you answered NO, do not complete this form	2	A) Will you be 18 years old on or before election day? ☐ YES ☐ NO B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? ☐ YES ☐ NO If you answered NO to both of the prior questions, you cannot register to vote.	**For Board Use Only**
3	Last Name First Name Middle Initial Suffix			
4	Address where you live (do not give P.O. box) Apt. No. City/Town/Village Zip Code County			
5	Address where you get your mail (if different than above) P.O. Box, Star Route, etc. Post Office Zip Code			
6	Date of Birth / /	7	Gender (optional)	8 Telephone (optional) / Email (optional)
10	The last year you voted In county/state		Your address was (give house number, street and city) Under the name (if different from your name now)	
9	**ID Number** (Check the applicable box and provide your number) ☐ New York State DMV number _____ ☐ Last four digits of your Social Security number _____ ☐ I do not have a New York State DMV or Social Security number			
11	**Political Party** **I wish to enroll in a political party** ☐ Democratic party ☐ Republican party ☐ Conservative party ☐ Working Families party ☐ Other _____ **I do not wish to enroll in any political party and wish to be an independent voter.** ☐ No party			
12	**Affidavit: I swear or affirm that** · I am a citizen of the United States. · I will have lived in the county, city or village for at least 30 days before the election. · I will meet all requirements to register to vote in New York State. · This is my signature or mark on the line below. · The above information is true, I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years. X _____ / / Signature or Mark in ink Date			

(Optional) Register to donate your organs and tissues

Last Name		
First Name	Middle Initial	Suffix
Address		
Birth Date / /	Gender ☐ M ☐ F ☐ Other	
Eye Color	Height Ft. In.	
Email	DMV or ID NYC Number	

By signing below, you certify that you are:

- 16 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to NYS Donate Life Registry for enrollment;
- And authorizing the Registry to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health hospitals upon your death.

DONATE LIFE New York State

_____ / /
Signature Date

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment;
- pre-register to vote if you are 16 or 17 years of age.

To Register You Must:

- be a U.S. citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere; and
- not found to be incompetent by a court.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729
Telephone: **1-800-469-6872;**
TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/ or information regarding the office to which the application was submitted, will remain confidential to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, pay
check, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

HOW TO COMPLETE THE APPLICATION FOR CHILD CARE ASSISTANCE

This application is for non-guaranteed Child Care Assistance only. If you want to apply for Child Care Assistance **and** other state benefits, such as Public Assistance (PA), Supplemental Nutrition Assistance Program (SNAP), Home Energy Assistance (HEAP), Medicaid, or guaranteed Child Care Assistance (category 1), please use the *New York State Application for Certain Benefits and Services* (LDSS-2921) found here: https://otda.ny.gov/programs/applications/2921.pdf.

APPLYING FOR CHILD CARE ASSISTANCE

- You are applying for category 2 Child Care Assistance. Category 2 Child Care Assistance is for families when funds are available. Category 1 Child Care Assistance is for families who are eligible for a child care guarantee, which includes families applying for or receiving PA, Child Care Assistance in lieu of PA, and transitional child care.
- You can fill out the application and turn it in the same day you get it. If you are eligible, the county you live in may give you assistance back to the date you turned in your application.
- You can turn in your application in person or by mail. If you want to turn in your application electronically by email, fax, etc., please reach out to your local department of social services for further information.
- The local department of social services will take your application if it has your name, address, and a signature. However, the application needs to be complete to determine if you are eligible to get Child Care Assistance.

HOW TO COMPLETE THE APPLICATION

- Please complete each section. Some sections are marked "optional," and you can choose to complete them or not.
- Please write clearly on the application.
- Do not write in the shaded areas.
- If you are helping someone apply, please write the information about the person you are helping.

WHERE TO TURN IN THE APPLICATION

- Please turn the application in to your local department of social services of the county where you live.

Make sure the local department of social services gives you copies of:

- **LDSS-4148A,** *What You Should Know About Your Rights and Responsibilities*
- **LDSS-4148B,** *What You Should Know About Social Services Programs*
- **LDSS-4148C,** *What You Should Know If You Have an Emergency*

These booklets have important information in them about your rights and responsibilities and can be found here: https://otda.ny.gov/programs/applications/4148A.pdf
https://otda.ny.gov/programs/applications/4148B.pdf
https://otda.ny.gov/programs/applications/4148C.pdf

IF YOU WANT TO WITHDRAW YOUR APPLICATION

- Give the local department of social services a written and signed request to withdraw the application you turned in.
- You can apply again at any time.

Tell us about yourself.

Please fill out the information about yourself. If you are helping someone apply, please fill out this information about the person you are helping (the applicant):

- **Full Name** — Please tell us your legal name, both your first and last name. Please include any aliases.
- **Street Address** — Please tell us the full street address, including apartment number/floor, city, county, state, and Zip Code, of where you are living **now**.
- **Mailing Address** — If you get mail somewhere other than where you live, please tell us that address here.
- **Phone Number** — Please tell us your phone number, with the area code. Check (✓) the box if this is a cell phone, home phone, or work phone.
- **Email** — If you want to be reached by email, please tell us your email address. *This is optional.*
- **Contact** — Please check (✓) the box that tells us how you want someone reach you. If you check "other," please tell us the best way to reach you. *This is optional.*
- **Primary Language** — Please check (✓) the box that tells us the language that you speak most often in your home. If you check "other," please tell us the language you prefer.
- **Marital Status** — Please check (✓) the box to tell us your current legal marital status.

Do you or any adult(s) applying with you receive any of the following benefits?

*The questions in this section are for you **AND** any other adult household members who are applying for Child Care Assistance with you – this means your spouse who lives with you, the child's parent who lives with you, individuals temporarily absent from the home who must contribute toward the needs of the household, or any other adult living in the home who is legally responsible for the child(ren).*

- If you and/or any of the listed adults above get any of the benefits that are on the list, please check (✓) each one that is received. If no one is receiving any of these benefits, please check the box, "None of these."

Tell us about your household's circumstances.

*The questions in this section are for you **AND** any other adult(s) applying with you.*

- **Homeless** — Please check (✓) Yes or No to tell us if your family has a fixed, regular, adequate place to stay at night.
- **U.S. Military** — Please check (✓) Yes or No to tell us if an adult in the home is on active duty, serving full-time in the U.S. Military.
- **Military Reserve** — Please check (✓) Yes or No to tell us if an adult in the home is a member of the National Guard or Military Reserve Unit
- **Child Care Funding** — Please check (✓) Yes or No to tell us if an adult in home is receiving/applying for other child care funding. If you check yes, please tell us the agency name.
- **Need Reason** — Please tell us the reason(s) child care is needed. For example, to work, to attend substance abuse treatment, etc.

Tell us about everyone in your home.

List the information for everyone <u>who lives with you</u>, even if they are not applying with you.

- **Full Name** — Please write your full name on line 1 and then write the names of the other people who live with you on each line under yours.
- **Date of Birth** — Please tell us each person's date of birth.
- **Sex** — New York State will make sure that you can access state benefits and/or services regardless of your sex, gender identity, or expression. Please write the sex of all the people who live with you as male, female, or X to match what is on file with the United States Social Security Administration.

• **Relationship**	Please tell us each person's relationship to you. For example, spouse, other parent, biological child, foster child, friend, roommate, grandparent, etc.
• **Gender Identity**	Your gender identity is how you see yourself and what you call yourself. Your gender identity can be the same as your sex. You do not have to tell us any of this information if you do not want to. If you choose to write your gender identity, please only tell us your own in the space provided. Giving us your gender identity is your choice and will not change your eligibility for Child Care Assistance or the amount of assistance you will be given by this agency.
• **Social Security Number**	You can add your Social Security number if you would like to. Social Security numbers may be used by federal, state, and local agencies to make sure the services you are given are not duplicated, may be used to catch or stop fraud, and may be used for federal reporting. *This is optional.*
• **Hispanic/Latinx**	Please enter Y (Yes) or N (No) for each person if they are Hispanic, Latinx, or not. Giving us ethnicity information is your choice and will not change your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
• **Race**	Please enter Y (Yes) or N (No) for each of the race codes (below). Giving us race information is your choice and will not change your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency. **H** – Hispanic, **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White
• **Child Care Need**	Please enter Y (Yes) or N (No) to tell us if each child needs child care.
• **Citizenship**	Please enter Y (Yes) or N (No) to tell us if each child is a *United States citizen, United States national, or a person with satisfactory immigration status.* If you are not sure, please talk to your local department of social services. The citizenship or immigration status of the adults or children who do not need child care will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
• **Special needs**	Please enter Y (Yes) or N (No) to tell us if each child has special needs. A child with special needs is a child who cannot take care of themselves and has one or more of the following diagnoses: (1) Visual impairment (2) Deafness or other hearing impairment (3) Orthopedic impairment (4) Emotional disturbance (5) Intellectual disability (6) Learning disability (7) Speech or language impairment (8) Health impairment (9) Autism (10) Multiple disabilities (11)Traumatic brain injury (12) Deaf-blindness (13)Other health impairment *For the full definition of a child with special needs, please see NYCRR Title 18 Part 415.1(c).*
• **Parents in the home**	Please enter Y (Yes) or N (No) for each child to tell us if both parents live in the home.

Tell us about parent(s) who do not live in the home.

This information is about the parent who does not live in the home.

- Please write the name(s) of the child(ren) who are applying for Child Care Assistance and are under the age of 19, whose parent does not live in your home.
- Please check (✓) Yes or No to tell us if the parent who does not live in the home is available to provide care. If they are not, please tell us the reason (for example: they are working, attending rehabilitation, in jail, there is a court order, there is a safety issue, visitation agreement, etc.).

Tell us about your job and other activities.

Please fill out the information if you are working. If you are not working, are not about to start a new job, and are not looking for work, please check (✓) "No" and go to the next section on the application.

- Please check (✓) Yes or No to tell us if you need child care because you are working, if you are about to start a new job, or you are looking for work. If you are about to start a new job, please tell us your start date.
- Employer/Job Information: Please write the name of where you work, the total number of hours you work or will be working each week, your schedule, and tell us if your schedule changes each week. If your schedule changes each week, please write the hours you worked last week. If you are about to start a new job, please tell us what your schedule will be. If you have more than one job, please check (✓) Yes or No and use extra pages and tell us the above information.

Please fill out the information if you are in a training program for work. If you are not in a training program or are about to start one, please check (✓) "No" and go to the next section on the application.

- Please check (✓) Yes or No to tell us if you need child care because you are in a training program for work or are about to start one. If you are about to start a training program, please tell us your start date.
- Training Program Information: Please write the name of the training program or facility, the total number of hours you are at the training program or will be each week, your training schedule, and tell us if your training schedule changes each week. If your schedule changes each week, please write the hours you attended the training program last week. If you are about to start a training program, please tell us what your schedule will be.

Please fill out the information if you are going to college/taking classes. If you are not going to college/taking classes or are about to start, please check (✓) "No" and go to the next section on the application.

- Please check (✓) Yes or No to tell us if you need child care because you are going to college/taking classes or about to start college/classes.
- School/College Information: Please write the name of the school or college, the day you started going or will be starting college/taking classes, the total number of hours you are taking classes or will be taking each week, your class schedule, and tell us if your schedule changes each week. If your schedule changes each week, please write the hours you attended classes last week. If you are about to start college/classes, please tell us what your schedule will be.

Tell us about the other adult(s) applying with you and their activities.

Please fill out the information about the other adult(s) applying with you.

- Please check (✓) whose job information this is (your spouse, other parent, or other adult). Please check (✓) Yes or No to tell us if the adult has more than one job. If yes, please use extra pages and tell us the below information. Please tell us if they are working, about to start a new job, or looking for work. If they are about to start a new job, please tell us their start date.
- Employer/Job Information: Please write the name of where they work, the total number of hours they work or will be working each week, their job schedule, and tell us if their schedule changes each week. If the schedule changes each week, please write the hours they worked last week.

Please fill out the information if the other adult is in a training program for work. If the adult is not in a training program for work or about to start one, please check (✓) "No" and go to the next section on the application.

- Please check (✓) Yes or No to tell us if the adult is in a training program for work or about to start one. If they are about to start one, please tell us their start date.
- Training Program Information: Please write the name of the training program or facility, the total number of hours they are at the training program or will be each week, their training schedule, and tell us if their schedule changes each week. If their schedule changes each week, please write the hours they attended the training program last week.

Please fill out the information if the other adult is going to college/taking classes. If the adult is not going to college/taking classes or is about to start college/classes, please check (✓) "No" and go to the next section on the application.

- Please check (✓) Yes or No to tell us if the adult is going to college/taking classes or about to start.
- School/College Information: Please write the name of the school or college, the day they started or will be starting college/taking classes, the total number of hours they are taking classes or will be each week, their class schedule, and tell us if their class schedule changes each week. If their schedule changes each week, please write the hours they attended classes last week.

Tell us about your household income.

In this section, please check (✓) Yes or No for you and anyone applying with you for each type of income.

- For each "Yes" answer, please write the name of the person who earns the income, the dollar amount or value, and how often the person gets paid (for example: weekly, monthly, biweekly, etc.).

Consents and Notices

READ THIS SECTION CAREFULLY or have someone read it to you. This section has important information about your rights and responsibilities related to receiving child care assistance. By signing and submitting an application, you are saying that you understand and agree to the statements in this section.

Attestation and Signature

Please read this section or have someone read it to you. Please check (✓) the box. By checking the box, you are agreeing that everything on the application is correct and complete.

- **SIGNATURE** — Please sign your name and write the date. *If you have filled out this application for someone else, sign your own name.* If you are giving this application to the local department of social services electronically, an electronic signature (e-signature) is allowed.
- **PRINT NAME** — Please write your full name, first and last.
- **SIGNATURE OF OTHER ADULT(S)** — If your spouse lives with you **or** the other parent lives with you **or** individuals temporarily absent from the home who must contribute toward the needs of the household **or** another adult lives with you who is legally responsible for the child(ren) in need of child care, you **both** must sign the application.
- **PRINT NAME** — Please write your full name, first and last, if you are the spouse/other parent or other adult that lives in the home who is legally responsible for the child(ren) in need of child care.

Once you have completed the application, please give the application to the local department of social services of the county where you live.

NOTE: The last page of the *Application for Child Care Assistance* is an application to register to vote. If you want help filling out the voter registration form, please ask your local department of social services. Applying to register to vote will not change your eligibility for Child Care Assistance or the amount of assistance you will be given by this agency.