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
Family Opportunity Center

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.
Child care can only be claimed when the child is physically in the provider's care and the parent is at WORK.

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 amount 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 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**

Please send all of the above to the mailing address at 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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Weatherization
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Housing Assistance and Community Development
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(Rental Assistance)
(Housing Rehabilitation)

HEAP

Family Development

Family Residences
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2023 Guidelines / Child Care Assistance Program

To qualify for this program, your gross income must fall below the 85% of the State Median Income. The following are the standards to be used effective October 1, 2023 to determine eligibility for services provided.

Family Size	85% of the SMI
2	$67,490.17
3	$83,370.21
4	$99,250.25
5	$115,130.29
6	$131,010.33
7	$133,987.84
8	$136,965.35

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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Jobs Work Crew
Work in Progress

Community Food and Nutrition

Weatherization
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Housing Assistance and Community Development
(Housing Development)
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HEAP

Family Development

Family Residences
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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)

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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
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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

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Homeless Assistance/Prevention

Transportation

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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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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
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Transportation

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Other _____ Please explain :_____

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Day Care
Resource/Referral
(Legally Exempt)
(Registration)
(Child Care Assistance)
(USDA Sponsor)
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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

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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 (____) _____

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

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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

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);
- 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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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
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Homeless Assistance/Prevention

Transportation

Recovery Peer Program
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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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Big Buddy
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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
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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)
(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

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Homeless Assistance/Prevention

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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)

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

A. Single

B. Married

C. Widowed

D. Separated

E. Divorced

F. Other

G. Unspecified

Relation to Applicant

A. Applicant
B. Mother
C. Mother figure
D. Father
E. Father figure
F. Child
G. Sister
H. Brother
I. Guardian
J. Friend
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

Race

A. Native American
B. Asian
C. Caucasian/White
D. African American/Black
E. Bi-Racial/Multi Racial
F. Hawaiian/Pacific Islander
G. Other_____
H. Unknown/not reported

Education

A. 0-8
B. 9-12 Non-grad
C. High School grad
D. GED
E. 12+ some college
F. 2 yr. college grad
G. 4 yr. college grad
H. Vocational
U. Unspecified

Insurance

P. Private
A. Medicare
H. Medicaid/Fidelis
E. Employment Based
M. Military
C. Child Health Plus
N. None
U. Unspecified

Work status

A. Full time
B. Part time
C. Retired
D. Unemployed short term 6 months or less
E. Unemployed long term over 6 months
F. Unemployed/not in labor force
G. Unknown/not reported

Disconnected Youth

A. In School/Not Working
B. In school/Working
C. Not in school/Not Working
D. Over 24
E. Unknown/Not Reported
F. Working/Not in school

Benefits received by participant

I. Affordable care act/Marketplace
H. Child care voucher/day care subsidy
D. Housing choice voucher/Section 8
C. HEAP
N. None
J. Other
A. SNAP/food stamps
K. Unknown/not reported
B. WIC
U. Unknown/not reported

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

ATTENTION: **This application is used to apply ONLY for Category 2 or 3 Child Care Assistance.** To apply for Public Assistance or other benefits, including Category 1 Child Care Assistance, you must use the *New York State Application for Certain Benefits and Services* (**LDSS-2921**).

CASE NAME	CASE #	REGISTRY #	OFFICE	UNIT	WORKER	APP DATE / /

DISTRICT:	CASE TYPE: 40	Services Transaction Type: ☐ New Open ☐ Reopen ☐ Recert.	Disposition: ☐ Denial Reason Code				☐ Withdrawal

SECTION 1. APPLICANT'S INFORMATION

FIRST NAME	M.I.	LAST NAME (Please include any ALIASES or MAIDEN names in parentheses.)		PHONE NUMBER ( ) -

STREET ADDRESS	APT NO.	CITY	STATE	ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT NO.	CITY	STATE	ZIP CODE

FORMER ADDRESS (IN PAST YEAR)	OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED

Marital status? ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Primary language? ☐ English ☐ Spanish ☐ Other (specify) **Email (optional):**

SECTION 2. LIST EVERYBODY WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU. *LIST YOURSELF ON THE FIRST LINE.*

LN	First Name, Middle Initial, Last Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM-DD-YY)	SEX (M/F)	RELATIONSHIP TO YOU	Gender Identity *Optional:* Male, Female, Non-Binary, X, Transgender, Different Identity [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 this child need child care? (Y/N)	FOR EACH CHILD in need of child care, answer Yes/No: Child is U.S. Citizen/National or Has Satisfactory Immigration Status?	Does child have special needs?	Do both parents reside in the home?
1				SELF												
2																
3																
4																
5																
6																
7																
8																

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

You may use additional pages if you need more room or there is other information that you think we might need.

SECTION 3. OTHER HOUSEHOLD INFORMATION

DO ANY OF THESE APPLY TO YOU OR YOUR SPOUSE/THE OTHER PARENT IF THEY LIVE IN THE HOME? For each of the following, answer YES or NO:		
	☐ YES ☐ NO	Need child care to **work**.
	☐ YES ☐ NO	Need child care for **another reason**. Give reason:
	☐ YES ☐ NO	**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 a **National Guard or Military Reserve unit**.
	☐ YES ☐ NO	Receiving or applying for **Public Assistance** through a different application.
	☐ YES ☐ NO	Receiving or applying for **other child care funding**. Agency Name:
	☐ YES ☐ NO	**Pregnant**. Due date: / /

SECTION 4. ABSENT PARENT INFORMATION. *List children in need of child care whose parent does not live in the household.*

NAMES OF CHILDREN UNDER 19	ABSENT PARENT'S NAME AND ADDRESS	Is absent parent available to provide care?	If No provide reason.
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

EMPLOYER'S NAME		WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE

Does the job have rotating or variable shifts? ☐ YES ☐ NO Does the job require overtime (O/T)? ☐ YES ☐ NO

Hourly Wage: $	What is a typical work schedule?	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
		FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

SECTION 6. OTHER EMPLOYMENT INFORMATION. *Use this section for an applicant's second job or a spouse's/other parent's job (if they live in the home).*

Whose job information (check one)? ☐ Applicant's job ☐ Spouse's job ☐ Other Parent's job

EMPLOYER'S NAME		WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE

Does the job have rotating or variable shifts? ☐ YES ☐ NO Does the job require overtime (O/T)? ☐ YES ☐ NO

Hourly Wage: $	What is a typical work schedule?	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
		FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

SECTION 7. INCOME INFORMATION

Indicate if you or anyone who is applying with you receives money from:	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 (NYS, VA, Private)	☐	☐						
Rental/Boarder/Lodger Income (received)	☐	☐						
Dividends/Interest - Stocks, Bonds, Savings	☐	☐						
Pensions/Annuities	☐	☐						
Public Assistance (PA) Grant, Safety Net Benefits	☐	☐						
Other (Please specify.)	☐	☐						

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE PROVIDER AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY.

DROP-OFF	**Travel time from the child care provider to work/activity?**		**Public Transportation?** ☐ YES ☐ NO
PICKUP	**Travel time from work/activity to the child care provider?**		**Public Transportation?** ☐ YES ☐ NO

SECTION 9. CHILD CARE PROVIDER INFORMATION

PROVIDER NAME AND ADDRESS	NAMES OF CHILDREN	ALREADY ENROLLED?	
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No

SECTION 10. CHILD'S SCHOOL INFORMATION. *List all children enrolled in school*

SCHOOL NAME AND ADDRESS	NAMES OF CHILDREN	ATTENDANCE HOURS	
		START TIME	END TIME

SECTION 11. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.

CHANGE REPORTING – I understand that by signing this application form I agree to inform the agency **immediately** of any change in my needs, income, living arrangement, or address to the best of my knowledge or belief. I agree to inform the agency immediately of any change in child care arrangements, including where child care is provided, who is providing care, provider's fees, and hours for which child care is needed.

JURISDICTION – I understand that if I move out of the originating district that authorized my Child Care Assistance eligibility, the information about myself, my child(ren), and any other persons residing in my household, may be disclosed to any local district I move to within New York State. By signing this application, I authorize the release of the information in my child care case file to the new district that I move to, for my continued eligibility.

PENALTIES – Federal and state laws provide for penalties, including fines, imprisonment, or both if you do not tell the truth when you apply for Child Care Assistance or when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone, for whom you have applied, to obtain or continue to receive Child Care Assistance. If you are the authorized representative applying on behalf of someone else, Child Care Assistance must be used for that person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

CITIZENSHIP – By signing this application, I swear and/or affirm that all the children needing Child Care Assistance are United States citizens or nationals, or persons with satisfactory immigration status. I understand that this information will only be shared to make decisions about the Child Care Assistance Program, and that the United States Citizenship and Immigration Services may be contacted if more information is needed to verify the children's status.

CONSENT FOR INVESTIGATION – I understand that by signing this application form, I agree to cooperate fully with any investigation to verify or confirm the information I have given or any other investigation in connection with my request for Child Care Assistance. I will provide additional information if it is requested.

RESOURCES – I certify that my family resources do not exceed $1,000,000. Resources include, but are not limited to, cash, bank accounts, real estate, stocks, bonds, mutual funds, IRAs, 401(k) accounts, life insurance, trust accounts, annuities, burial funds/spaces.

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.

SECTION 12. CERTIFICATION AND SIGNATURE

CERTIFICATION: I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to the local social services district relating to Child Care Assistance is correct. I have read and understand the notices above. I understand and agree to the consents.

APPLICANT'S/REPRESENTATIVE'S SIGNATURE	DATE SIGNED	SECOND APPLICANT'S/REPRESENTATIVE'S SIGNATURE	DATE SIGNED
X	/ /	X	/ /
PRINT NAME:		PRINT NAME:	

RETURN YOUR APPLICATION TO:
THE LOCAL SOCIAL SERVICES DISTRICT (LSSD)
OF THE COUNTY THAT YOU LIVE IN.

FOR AGENCY USE ONLY:

CASE NAME	CASE #	REGISTRY #	VERSION #	REUSE INDICATOR ☐	DISTRICT: CASE TYPE: 40	DATE / /

SERVICES TRANS TYPE: ☐ New Open ☐ Reopen ☐ Recert.	Disposition: ☐ Denial	Reason Code				☐ Withdrawal

ELIGIBILITY DETERMINED BY	DATE / /	ELIGIBILITY APPROVED BY	DATE / /

CHILD CARE AUTHORIZATION FROM DATE / /	CHILD CARE AUTHORIZATION TO DATE / /	COMMENTS:

L1 CIN:	L4 CIN:	L7 CIN:
L2 CIN:	L5 CIN:	L8 CIN:
	L6 CIN:	L9 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.

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.

যদিআপনিএইফর্মটিইংরেজীতেপেতেচানতাহলে 1-800-367-8683 নম্বরে ফোন করুন

VOTER REGISTRATION APPLICATION (instructions on back)

☐ Yes, 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 18years of age on or before election day to vote, and that until you will be 18 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	Your address was (give house number, street and city)	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
	In county/state	Under the name (if different from your name now)	

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. Signature or Mark in ink _____ 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 youlast 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 youare 18);
- be a resident of the County, or of the City of New York at least 30 daysbefore 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 submittedwill 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 IDnumber), 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, paycheck, government check or some other government document that shows your name and address. You may includea 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 politicalparty, 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*

CATEGORIES OF CHILD CARE ASSISTANCE IN THE NEW YORK STATE CHILD CARE BLOCK GRANT PROGRAM

1) Families eligible for a child care guarantee – applying for or receiving Public Assistance (PA), or receiving Child Care Assistance in lieu of PA or receiving transitional child care
2) Families eligible when funds are available
3) Families eligible when funds are available, and the local social services districts (LSSD) has included them in its Child and Family Services Plan

THIS APPLICATION IS USED TO APPLY ONLY FOR CHILD CARE ASSISTANCE AS A CATEGORY 2 OR 3 FAMILY

If you are applying only for category 2 or 3 Child Care Assistance, you can use this shorter application. If you want to apply for other benefits such as Public Assistance, Supplemental Nutrition Assistance Program (Food Stamps), Home Energy Assistance, Medicaid or other services, including category 1 Child Care Assistance, please ask for the *New York State Application for Certain Benefits and Services,* **LDSS-2921**.

By submitting the *Application for Child Care Assistance* instead of the *New York State Application for Certain Benefits and Services,* **LDSS-2921** you are applying for Child Care Assistance only in categories 2 and 3, i.e., when funds are available. You are not applying in category 1, guaranteed child care.

APPLYING FOR CHILD CARE ASSISTANCE

- You can file an application the same day you receive it. If you are eligible, benefits may be provided back to the date you filed your application.
- You can file your application in person, by mail, or other electronic means as approved by the Office of Children and Family Services (OCFS).
- We will accept your application if it contains, at a minimum, your name, address, and a signature. However, the application must be completed for us to determine your eligibility.

HOW TO COMPLETE THE APPLICATION

- COMPLETE each section not listed as optional.
- Please PRINT clearly.
- DO NOT PRINT IN THE SHADED AREAS.
- If you are applying as someone's representative, please print information about that person.

WHERE TO TURN IN THE APPLICATION

- The LSSD of the county that you live in.

Make sure you have been given 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 contain important information about your rights and responsibilities.

IF YOU WANT TO WITHDRAW YOUR APPLICATION

- Submit a signed, written request to the LSSD where you applied. You may reapply anytime.

PAGE 1 OF THE APPLICATION

SECTION 1. APPLICANT'S INFORMATION

- **NAME:** PRINT your legal name, including your first name, middle initial, and last name. Include any aliases or maiden names.
- **PHONE NUMBER:** PRINT your phone number, including area code.
- **STREET ADDRESS:** PRINT the full street address, including apartment, city, state, and zip code, where you **now** live.
- **MAILING ADDRESS:** If you get your mail somewhere other than where you live, PRINT that address here.
- **FORMER ADDRESS:** If you have moved in the last year, PRINT your previous address(es). If you need more space, use section 10 on page 4 or attach additional sheets of paper as needed.
- **OTHER PHONE NUMBERS:** If you can be reached at another phone number, PRINT that phone number here.
- **MARITAL STATUS:** Check the box that describes your current legal marital status.
- **PRIMARY LANGUAGE:** What language is spoken most often in your household? Check the box that applies. If "other," PRINT the name of the language.
- **EMAIL** If you can be reached by email, PRINT your email address.

SECTION 2. HOUSEHOLD MEMBER INFORMATION

LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.

- **NAME:** PRINT your name first, then the names of the other people who live with you. Include aliases and maiden names.
- **DATE OF BIRTH:** PRINT each person's date of birth.
- **SEX AND GENDER IDENTITY** New York State ensures your right to access state benefits and/or services regardless of sex, gender identity, or expression. Please report the required information regarding your sex and the sex of all household members as male or female, consistent with the sex designation currently on file with the United States Social Security Administration. Gender identity is how you perceive yourself and what you call yourself. Your gender identity can be the same as or different from your sex assigned at birth. Although reporting your sex is necessary, gender identity is not a requirement for this application. If you choose to enter your gender identity, only identify your own and not the other members of your household. If your gender identity is different than the sex you reported and you would like to provide your gender identity, print "Male," "Female," "Non-Binary," "X," "Transgender," or "Different Identity" in the space provided. If you print "Different Identity," you may choose to describe your gender identity further in the space provided. Providing information regarding your gender identity is voluntary and will not affect the eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **RELATIONSHIP:** PRINT each person's relationship to you (for example: spouse, biological child, foster child, friend, significant other, roomer, boarder, etc.).

FOR EVERY PERSON LISTED ON THE APPLICATION, COMPLETE THE FOLLOWING:

Those considered for the application are the children in need of care, their parents (including stepparents) and siblings under the age of 18 in the household.

- **SOCIAL SECURITY NUMBER:** You may, but do not have to, list Social Security numbers. Social Security numbers may be used by federal, state, and local agencies to prevent duplication of services, prevent and detect fraud, and for federal reporting.
- **HISPANIC/LATINX:** Enter Y (Yes) or N (No) to indicate if each person applying is Hispanic or Latinx or not.
  Providing ethnicity information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.

SECTION 2. HOUSEHOLD MEMBER INFORMATION continued

- **RACE:** Enter Y (Yes) or N (No) for each of the following race codes.

  I - Native American or Alaskan Native, **A** - Asian, **B** - Black or African American, **P** - Native Hawaiian or Pacific Islander, **W** – White

  Providing race information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.

- **CHILD CARE NEEDS:** Enter Y (Yes) or N (No) to tell us whether each child needs child care.

FOR EVERY CHILD IN THE HOUSEHOLD WHO NEEDS CHILD CARE, ALSO ANSWER YES OR NO FOR THE FOLLOWING:

- **CHILD IS U.S. CITIZEN/ NATIONAL/HAS SATISFACTORY IMMIGRATION STATUS:** Enter Y (Yes) or N (No) to tell us whether each child who needs Child Care Assistance is a *United States citizen, United States national, or person with satisfactory immigration status*. The citizenship or immigration status of the child's parent or other household members will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.

- **CHILD WITH SPECIAL NEEDS:** Enter Y (Yes) or N (No) to tell us whether each child has special needs or not. A child with special needs means a child who is incapable of caring for himself or herself and who has been diagnosed by a physician, licensed or certified psychologist or other professional with the appropriate credentials to make such a diagnosis, as having one or more of the following conditions to such a degree that special education or related services are required, in accordance with section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401), part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794)
  - deafness or other hearing impairment
  - speech or language impairment
  - visual impairment
  - emotional disturbance
  - orthopedic impairment
  - autism
  - deaf blindness
  - traumatic brain injury
  - other health impairment
  - learning disability
  - intellectual disability
  - health impairment
  - multiple disabilities

- **BOTH PARENTS IN HOME:** Enter Y (Yes) or N (No) to tell us whether both parents of each child live in the household (enter Y/N for each child).

PAGE 2 OF THE APPLICATION

SECTION 3. OTHER HOUSEHOLD INFORMATION

The questions in the section apply to the applicant AND any other adult household members who are applying for Child Care Assistance with you — that means a spouse who lives with you, an adult who lives with you and with whom you have at least one child in common, or a parent who is considered temporarily absent from the household, who are required to contribute to the needs of the household.

CHECK YES OR NO FOR EACH OF THE FOLLOWING:

- **CHILD CARE FOR WORK:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care so that you can work.

PAGE 2 OF THE APPLICATION Cont.

- **CHILD CARE FOR OTHER REASON:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care for a reason other than work. If yes, what is the reason?
- **HOMELESS:** Check (✓) Yes or No to tell us whether your family has a fixed, regular, adequate place to stay at night.
- **MILITARY:** Check (✓) Yes or No to tell us whether a parent in the household is on active duty, serving full-time in the U.S. Military.
- **MILITARY RESERVE:** Check (✓) Yes or No to tell us whether a parent in the household is a member of a National Guard or Military Reserve unit.
- **PUBLIC ASSISTANCE:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for Public Assistance (PA).
- **OTHER CHILD CARE FUNDS:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for other help paying for child care.
- **PREGNANT:** Check (✓) Yes or No to tell us whether you and/or the second applicant are pregnant. If yes, what is the due date?

SECTION 4. ABSENT PARENT INFORMATION

- **PRINT** the names of children under the age of 19 for whom you are applying for Child Care Assistance and whose parent does not live in your household.
- **PRINT** the names and addresses of the absent parents, such as a non-custodial parent.
- **CHECK** (✓) Yes or No to tell us whether the absent parent is available to provide child care. If they are not available, tell us the reason (such as, working, rehab, jail, court order etc.).
- **CHECK** (✓) Yes or No to tell us whether there is a court order, visitation agreement, or any other circumstances that exist that would indicate that it would not be in the best interests of the child or the custodial parent to have the non-custodial parent provide child supervision at the needed time.

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

- **EMPLOYER INFORMATION:** PRINT the name, address, and phone number of where you work.
- **JOB INFORMATION:** Complete this section about your job: When did you start? If you are paid per hour, how much is your hourly wage? Does your schedule vary? Do you work overtime? What is your schedule?

SECTION 6. OTHER EMPLOYMENT INFORMATION

- **WHOSE JOB INFORMATION?** Indicate whether the employment information here is for the applicant's second job or the spouse's job (if they live in the household) or the other parent's job (if the other parent lives in the household).
- **EMPLOYER INFORMATION:** PRINT the name, address, and phone number of the job.
- **JOB INFORMATION:** Complete this section about the job: When did the job start? Does the schedule vary? Does the job require overtime? What is the schedule?

PAGE 3 OF THE APPLICATION

SECTION 7. INCOME INFORMATION

- Check (✓) Yes or No for yourself and anyone who lives with you for each kind of income.
- For each "Yes" answer, PRINT the dollar ($) amount or value, how often it is received, and the name of the person who receives the income.
- **All income for all household members must be reported on the application**.

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE LOCATION AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY

- **DROP-OFF TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from the child care provider to work, an educational or other approved activity after dropping the child off for care. Check Yes or No to indicate whether public transportation is used.
- **PICKUP TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from work, an educational or other approved activity to the child care provider for pickup. Check Yes or No to indicate whether public transportation is used.

PAGE 3 OF THE APPLICATION continued

SECTION 9. CHILD CARE PROVIDER INFORMATION

- **PRINT** the names and addresses of all child care providers that you are currently using or plan to use for each child in child care.
- **CHECK** (✓) Yes or No to tell us whether the child(ren) are already enrolled with the provider.

SECTION 10. CHILD'S SCHOOL INFORMATION

- **PRINT** the names and addresses of all schools that your children attend for each child in child care.
- **Indicate** the hours of operation for the school program that the child attends. For example, 8:45 a.m. to 2:45 p.m. Do not include the hours that the child attends an after-school child care program, even if that program is run in the school.

PAGE 4 OF THE APPLICATION

SECTION 11. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW

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

SECTION 12. CERTIFICATION AND SIGNATURE

- **SIGNATURE:** SIGN your name and date. *If you have filled out the application for someone else, sign your own name*. If submitting the form by other electronic means as approved by OCFS, an electronic signature (e-signature) is acceptable.
- **SECOND APPLICANT'S SIGNATURE:** If your spouse lives with you, **both** of you **must** sign the application. If an adult with whom you have at least one child in common lives with you, **both** of you **must** sign the application.

NOTE: **The last page of the *Application for Child Care Assistance* is an application to register to vote. If you would like help filling out the voter registration application form, ask your eligibility examiner. Applying to register or declining to register to vote will not affect your eligibility for child care assistance or the amount of assistance that you will be given by this agency.**