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
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PARENT EDUCATION
DAY CARE
RESOURCE/REFERRAL
(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)
HEALTHY FAMILIES

SENIOR DINING

SAFE AGAINST VIOLENCE
(Domestic Violence)
(Rape Crisis)
(Office of Victim Services)
(Child Advocacy)

JOBS WORK CREW
WORK IN PROGRESS

EMPLOYMENT AND TRAINING

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
(Women, Infants and Children)
(Car Seat Safety)

FOOD BANK SERVICES AND CLOTHING/HOUSEHOLD GOODS

EMERGENCY FOOD AND SHELTER

HOMELESS ASSISTANCE

TRANSPORTATION

YOUTH ENGAGEMENT

HOME CARE SERVICES

SUPPLIES FOR LIFE

Dear Delaware County Parent:

To apply for day care assistance, 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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2023 Guidelines / Child Care Subsidies

To qualify for this program, your gross income must fall below 300% of the Federal Poverty Level, as well as other eligibility criteria. The following are the standards to be used effective June 1, 2023 to determine eligibility for services provided.

Family Size	300% Poverty
2	$59,160.00
3	$74,580.00
4	$90,000.00
5	$105.420.00
6	$120,840.00
7	$136,260.00
8	$151,680.00

+ Each additional member adds $15,420.00 per person for family size over 8.

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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Child Care Subsidy Survey

Delaware Opportunities Inc. Child Care Subsidy 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 needs 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 while 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)

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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 ____
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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 _____

Hourly _____

Date Child began or will begin child care _____

_____ _____

Parent Signature Provider Signature

CHILD CARE : CLIENT RIGHTS & RESPONSIBILITIES

RIGHTS:
At the time that you apply for child care services; the county department of social services 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 for most child care programs, you have the right to arrange care with any regulated or informal child care provider you select or to use a child care provider with which Delaware Opportunities Child & Family Development Division has arrangements to provide care;
- That if you are funded by the Child Care and Development Block Grant you have the right to elect to use a provider who contracts with the county department of social services or to request a child care certificate which will assist you in arranging child care with any eligible provider you choose;
- That you may select a child care provider located in any county;
- Whether you will need to pay a fee for child care services, when it must be paid, and where to pay it;
- About factors to consider in selecting a child care provider;
- What documents or other information you must submit in order for Delaware Opportunities' Child & Family Development Division to determine whether you are eligible for child care subsidy;
- That any investigation needed in order to determine eligibility will be undertaken;
- That you have the right to have child care services provided without discrimination on the basis of race, religion, national origin, sex, handicapping condition or political belief; and
- That you have the right to change childcare providers for any reason.

If you need more information about any of the above it is your responsibility to contact Delaware Opportunities Inc.

RESPONSIBILITIES:

If you are accepted for childcare services you must notify Delaware Opportunities in writing within 10 day of any changes in the following:

- Notify Delaware Opportunities immediately of any change in family income, work schedule, household composition (i.e., birth of a 1 child, etc.) living arrangements, written verification of new employment, child care arrangements or other changes which may affect your continued eligibility;
- Pay any fee as required by Delaware Opportunities to your provider on a regular basis; and
- Notify Delaware Opportunities **BEFORE** changing child care providers;

- If you apply to receive PA, please note receipt of PA makes an individual ineligible for child care benefits;
- Day Care Assistance funds are not available to pay for care when parents are not at work, for example: sickness, disability, shopping, any personal appointments, etc. Arrangements for payments must be made between the parent and provider for additional care done by the Day Care Provider.
- Child care can only be claimed when the child is physically in the providers care and the parent is at WORK.
- Parents should sign attendance voucher at the end of the month. Your signature verifies that the recorded days and hours are accurate account of your work schedule. (Blank vouchers should not be signed in advance).
- Vouchers must be received in the Day Care office by the fourth day of each month.
- Delaware Opportunities' Day Care Development and Assistance staff hopes you find this program beneficial. If you need further information or have any questions, please call us at (607) 746 – 1620.
- I have read, understood and agree with the rights and responsibilities of the Day Care Assistance Program.

_____ _____

Signature Date

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

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CHILD SUPPORT FORM

TO BE APPROVED FOR THE DAYCARE SUBSIDY PROGRAM YOU MUST BE DOING ONE OF THE FOLLOWING ! COURT DOCUMENTATION MUST BE SENT IN WITH THIS FORM.

1. Child (1) $_____ 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)
   Please submit proof of legal documentation.

   Signature: _____ Date: _____
   I have private legal representation to pursue child support.
   Please submit proof of legal documentation.

   Signature: _____ Date_____

2. 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 Support Collection Unit: or Private Legal Representation and Submit a copy of the court order of the decision with the amount of Child Support to be paid ;Or have Good Cause not to pursue Child Support.

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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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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 Subsidy 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)

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 Cash 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	M. I.	LAST Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM-DD-YY)	SEX (M/F)	RELATION-SHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) *Optional*	Enter Y (Yes) or N (No) if Hispanic or Latino (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 a disability?	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 **Cash 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 21	ABSENT PARENT'S NAME AND ADDRESS	Is absent parent available to provide care?	If No, give 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	ZIPCODE

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	☐	☐						
Cash 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
PICK-UP	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.

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, disability, religious creed, national origin or political belief.

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 department of social services 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 DEPARTMENT OF SOCIAL SERVICES (LDSS) OF THE COUNTY THAT YOU LIVE IN.

FOR AGENCY USE ONLY:

CASE NAME	CASE #	REGISTRY #	VERSION #	RE-USE 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:				
L3 CIN:	L6 CIN:	L9 CIN:				

DELAWARE OPPORTUNITIES INC.

35430 STATE HIGHWAY 10, HAMDEN, NY 13782

PHONE (607) 746-1600 • FAX (607) 746-1605

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. AREA 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	MONTH TWO	MONTH THREE
	FROM: _____ TO: _____	FROM: _____ TO: _____	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)*

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 Cash 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 Department of Social Services 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 Cash 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 or by mail.
- 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 department of social services (DSS) of the county that you live in.

Make sure you have been given copies of: Per request

- **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 LDSS 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 marital status **now**.
- **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 AND SEX:** PRINT each person's date of birth and sex.
- **RELATIONSHIP:** PRINT each person's relationship to you (for example: husband, wife, son, foster child, friend, boyfriend, girlfriend, roomer, boarder, etc.)

FOR EVERY PERSON WHO IS APPLYING, COMPLETE THE FOLLOWING:

Those considered applying are the children in need of care, and 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/LATINO:** Enter Y (Yes) or N (No) to indicate if each person applying is Hispanic or Latino 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.
- **RACE:** Enter Y (Yes) or N (No) for each of the 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 NEED:** 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.

PAGE 1 OF THE APPLICATION Cont.

- **CHILD WITH DISABILITY:** Enter Y (Yes) or N (No) to tell us whether each child has a disability or not. Generally speaking, a child with a disability means one of the following:
  - a child who is aged 3 through 9 years and experiencing developmental delays in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; OR
  - a child who needs special education and related services due to one of the following: intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities: OR
  - a child who is under the age of 3 years and is eligible for Early Intervention Services; OR
  - a child who is under the age of 13 years and who has a physical or mental impairment that substantially limits one or more major life activities.
- **BOTH PARENTS IN HOME:** Enter Y (Yes) or N (No) to tell us whether both parents of each child live in the household (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, or an adult who lives with you and with whom you have at least one child in common.

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.
- **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
- **CASH PUBLIC ASSISTANCE:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for Cash 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 21 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.)

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?

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.

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)	Pregnant: Y or N	Marital status: see codes below	Relation to applicant; see codes below	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	Gross monthly income for each HH member	Source of income: see codes below	Disconnected youth: see codes below	Non-cash benefits: see codes below
** EXAMPLE**	JOHN	J	SMITH	01/01/2010	M	N	A		Y	E	E	H	Y	N	B	N	1500.00	P	F	D, C

Marital Status

A. Single
B. Married
C. Widowed
D. Separated
E. Divorced
F. Other

Relation to Applicant

A. Mother
B. Mother figure
C. Father
D. Father figure
E. Child
D. Sister
F. Brother
G. Guardian
H. Friend
I. Spouse
J. Grandparent
K. Foster parent
L. Foster child
M. Grandchild
N. Other
O. Other related
P. Partner
Q. Relative
R. Stepfather
S. 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_____

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

Insurance

P. Private
A. Medicare
H. Medicaid/Fidelis
E. Employment Based
M. Military
C. Child Health Plus

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

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

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

Non-Cash benefits

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