



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

(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)

HEALTHY FAMILIES

SENIOR DINING

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

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

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 ask for Judy or Lisa and we will be happy to assist you. Child care can only be claimed when the child is physically in the providers 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.

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



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

(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)

HEALTHY FAMILIES

SENIOR DINING

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

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

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)

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



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
(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)
HEALTHY FAMILIES

SENIOR DINING

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

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

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: _____

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



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

(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)

HEALTHY FAMILIES

SENIOR DINING

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

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

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: _____

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



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

(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)

HEALTHY FAMILIES

SENIOR DINING

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

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

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

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

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**



DELAWARE OPPORTUNITIES INC.

35430 STATE HIGHWAY 10, HAMDEN, NY 13782

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

TO BE COMPLETED BY APPLICANT

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



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

(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)

HEALTHY FAMILIES

SENIOR DINING

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

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

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. 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, or canceled check, a signed
statement from the absent parent.**

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



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

(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)

HEALTHY FAMILIES

SENIOR DINING

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

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

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
35430 State Highway 10
Hamden, NY 13782

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



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

(Registration)

(Subsidies)

(USDA Sponsor)

(Inspections)

HEALTHY FAMILIES

SENIOR DINING

SAFE AGAINST VIOLENCE

(Domestic Violence)

(Rape Crisis)

(Office of Victim Services)

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

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)

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

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	LAST NAME (Please include any ALIASES or MAIDEN names in parentheses.)
M.I.	PHONE NUMBER () -
STREET ADDRESS	STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	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)	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) Optional	FOR EACH CHILD in need of child care, answer Yes/No					
								Enter Y (Yes) or N (No) if Hispanic or Latino (Optional)	Does this child need child care? (Y/N)	Child is U.S. Citizen/National or Has Satisfactory Immigration Status?	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/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		TUESDAY		WEDNESDAY	
FROM TO		FROM TO		FROM TO	
SUNDAY		MONDAY		TUESDAY	
FROM TO		FROM TO		FROM TO	
WEDNESDAY		THURSDAY		FRIDAY	
FROM TO		FROM TO		FROM TO	
SATURDAY		SATURDAY		SATURDAY	
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		WORK PHONE () -		START DATE OF JOB / /	
EMPLOYER'S NAME		CITY		STATE	
				ZIP CODE	
Does the job have rotating or variable shifts? ☐ YES ☐ NO					
Does the job require overtime (O/T)? ☐ YES ☐ NO		TUESDAY		WEDNESDAY	
FROM TO		FROM TO		FROM TO	
SUNDAY		MONDAY		TUESDAY	
FROM TO		FROM TO		FROM TO	
WEDNESDAY		THURSDAY		FRIDAY	
FROM TO		FROM TO		FROM TO	
SATURDAY		SATURDAY		SATURDAY	
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 #
SERVICES TRANS TYPE: ☐ New/Open ☐ Reopen ☐ Recert	RE-USE INDICATOR ☐	DISTRICT CASE TYPE: 40	DATE / /
ELIGIBILITY DETERMINED BY	Disposition: ☐ Denial ☐ Reason Code	☐ Withdrawal	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:	

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?
 Check (✓) Yes or No to tell us whether your family has a fixed, regular, adequate place to stay at night.
- **HOMELESS:** 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:** Check (✓) Yes or No to tell us whether a parent in the household is a member of a National Guard or Military Reserve.
- **MILITARY RESERVE:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for Cash Public Assistance (PA).
- **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?

PAGE 2 OF THE APPLICATION CONT.**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 gets 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, educational, or other approved activity after dropping the child off for care. Check yes or no to indicate whether public transportation is used.
- **PICK-UP TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from work, educational, or other approved activity to the child care provider for pick-up. Check yes or no to indicate whether public transportation is used.

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 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.
- **SECOND APPLICANT'S SIGNATURE:** If your husband or wife 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.