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 *Statewide Common Application* (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			OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED

What is your marital status? ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

What is the primary language spoken in your home? ☐ English ☐ Spanish ☐ Other (specify)

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*	Enter Y (Yes) or N (No) if Hispanic or Latino: H	Enter Y (Yes) or N (No) for each Race*: I	A	B	P	W	FOR EACH CHILD, Enter Y (Yes) or N (No): Child is U.S. Citizen?	Child needs child care?	Child with a disability?	Both parents reside in home?
1				/ /		SELF								N/A	N/A	N/A	N/A
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 the back or 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? 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 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. LIST EVERYONE UNDER 21 WHOSE PARENT IS NOT IN THE HOUSEHOLD.

NAME OF PERSON UNDER 21	ABSENT PARENT'S NAME AND ADDRESS	Absent Parent's Date of Birth (*optional*)	Absent Parent's Social Security Number (*optional*)
		/ /	
		/ /	
		/ /	

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

APPLICANT'S EMPLOYER'S NAME		WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S ADDRESS	CITY	STATE	ZIPCODE
# of HOURS PER WEEK:	GROSS INCOME: $	Paid how often? ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other, specify	
Does the job have rotating or variable shifts? ☐ YES ☐ NO		Does the job require overtime, O/T? ☐ YES ☐ NO	
Scheduled Days and Hours Worked (e.g., Mon-Fri 8 A.M. – 4 P.M.):			

SECTION 6. OTHER EMPLOYMENT INFORMATION. *Use this section for an applicant's second job or a spouse's/other parent's job.*

Whose job information? ☐ Applicant's job OR ☐ Spouse's / other parent's job

EMPLOYER'S NAME		WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S ADDRESS	CITY	STATE	ZIPCODE
# of HOURS PER WEEK:	GROSS INCOME: $	Paid how often? ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other, specify	
Does the job have rotating or variable shifts? ☐ YES ☐ NO		Does the job require overtime? ☐ YES ☐ NO	
Scheduled Days and Hours Worked (e.g., Mon-Fri 8 A.M. – 4 P.M.):			

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

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.)
Wages/Salary, including overtime, commissions, training programs, tips								
Self-Employment								
Child Support Payments (received)								
Alimony/Spousal Support (received)								
Unemployment Insurance Benefits								
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								
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. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.

PENALTIES – Federal and state laws provide for penalties of fine, 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 – I understand that by signing this application form I certify, under penalty of perjury, that all the children in need of Child Care Assistance are United States citizens or nationals or persons with satisfactory immigration status. I understand that this information about these children may be submitted to the Immigration and Naturalization Service for verification of immigration status, if applicable. I further understand that the use or disclosure of this information about these children is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of provisions of the Child Care Assistance program.

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.

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.

NON-DISCRIMINATION – This application will be considered without regard to race, color, sex, disability, religious creed, national origin or political belief.

RESOURCES – I certify that my family resources do not exceed $1,000,000 and my family's income does not exceed 85 percent of the state median income for a family of the same size.

SECTION 10. 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'SSIGNATURE	DATE SIGNED	SECOND APPLICANT'S SIGNATURE	DATE SIGNED
X	/ /	X	/ /
PRINT NAME:		**PRINT NAME:**	

RETURN YOUR APPLICATION TO: THE LOCAL DEPARTMENT OF SOCIAL SERVICES (DSS) OF THE COUNTY YOU LIVE IN.

Child Care Subsidy Unit
Department of Social Services
10 County Center Road
White Plains, NY 10601

SECTION 11. IF YOU WANT TO WITHDRAW YOUR APPLICATION

I CONSENT TO WITHDRAW MY APPLICATION FOR CHILD CARE ASSISTANCE. I understand I may reapply at any time.

SIGNATURE X_____

DATE SIGNED / /

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: