

Child Care and Early Education Service Eligibility Application



### Applicant Instructions for Completing the Child Care Eligibility Form

The following instructions are keyed to the various sections of this form. Please read carefully.

### ► INSTRUCTIONS FOR COMPLETING SECTION A

- 1. Enter your full name (last, first, middle initial), social security number and date of birth (month/date/year). Check one or more of the appropriate boxes provided to indicate your race. Check the appropriate box to indicate your ethnicity and sex. Check the appropriate box to indicate the relationship of the parent/ applicant to the child(ren) for which you are making an application for assistance. If you are not an immediate relative (mother/father), please indicate whether you are another legally responsible person, a foster parent or other. If other, please specify.
- If applicable (resides in household), enter the full name of your spouse or co-applicant, social security number and date of birth (month/date/year). Check the appropriate boxes provided to indicate the race, ethnicity and sex of the co-applicant/spouse.
- 3. Enter your home address and county in which you reside. Enter the school district which the child(ren) attends.
- 4. Enter your home telephone number.
- 5. Enter the "family size" meaning the number of adults (persons 18 years or older who are legally responsible for the children) and dependent adults (persons 18 years or older) who are in your immediate family unit, and the number of dependent children (persons under age 18).

*Examples*: In a single parent family with two children state: "# of Adults: 1, # of Children: 2."

In a two parent family with a dependent adult (grandparent) and two children state: "# of Adults: 3, # of Children: 2."

*Note*: If as a single parent, you and your child(ren) live with your mother and father, you would **NOT** include the grandparents in the family size.

### ► INSTRUCTIONS FOR COMPLETING SECTION B

Provide Income Information Based on the Current Year. Fill In All Blanks. List Gross Figures Unless Otherwise Indicated. If You Receive None in a Certain Category, Write "0."

For each adult (applicant co-applicant or other dependent adult) residing in the household unit, list all current income information. Columns are provided to enter income information either by week, every two weeks, month or year. For separated or divorced spouses, include only that income (i.e., child support or alimony) which is available to the custodial family.

- 1. List all gross income due to wages and salary.
- 2. List all benefit income received from pensions and retirement.
- 3. List all benefit income received from Supplemental Security Income (SSI).
- 4. List all benefit income received from unemployment and workmen's compensation.
- 5. List all benefit income received from public assistance (TANF).

- 6. List income received from an absent parent for child support or alimony.
- 7. Include any other income received which is required to be listed for federal and state tax reporting purposes.
- 8. Indicate the annual total of all sources of income.

### ► INSTRUCTIONS FOR COMPLETING SECTION C

### **Provide Information of Current Work, School and/or Training Activity for Applicant and Co-Applicant** (if applicable).

- 1. Enter the name, complete address and telephone number of Primary Work/School/Training Site.
- 2. Check the appropriate box to indicate if activity is work, school or training.
- 3. Enter your starting date (month/date/year).
- 4. Check the appropriate box to indicate if Work/School/Training activity is full time, part time or seasonal. Enter the number of hours per week and months per year spent at site.
- 5. Include the information for your Secondary Work/School/Training activity (if applicable).

### ► INSTRUCTIONS FOR COMPLETING SECTION D

**Questions 1-9.** Check the appropriate box (either "Yes" or "No") for each question. If you answer "Yes" to any of questions 2-5, provide the requested information.

**Questions 10.** Check the appropriate box to indicate if you are applying for assistance because you are ineligible for the TANF or TCC programs.

**Questions 11.** Check whether you understand you are applying for voucher or contracted child care services.

**Questions 12.** Check whether all of the children in your family have health insurance and if you wish to receive an application for NJ Family Care.

### ► INSTRUCTIONS FOR COMPLETING SECTION E

**1-2.** Enter full name (last, first, middle initial), social security number and date of birth (month/date/year) for each child for whom assistance is requested. Check the appropriate boxes provided to indicate race, ethnicity and sex of child(ren). Indicate the hours, days and duration for which child care is needed. Check the appropriate box to indicate if the child(ren) has a special need, if yes, state the need. Check the appropriate box to indicate if the child is a US citizen. If yes, attach a copy of the child's birth certificate and social security card. Proof of the child's citizenship is not required for Abbott, Child Protective Services, Kinship or Post-Adoption sibsidies.

#### ► INSTRUCTIONS FOR COMPLETING SECTION F

After reading the certification, applicant and co-applicant (if applicable) sign on the appropriate line and include the date.



### Child Care and Early Education Service Eligibility Application

### ADDRESS REPLY TO:

The Child Care Resource and Referral Agency located in the county where you live. A list can be found at:

http://www.state.nj.us/humanservices/dfd/programs/child/ccrr/

<ul> <li>I. PARENTIAPPLICANT NAME</li> <li>SOCIAL SECURITY No.</li> <li>DATE OF BIRTH </li> <li> <ul> <li>(Mo. Dp/YK)</li> <li>(Mo. Dp/KK)</li> <li>(Mo. Dp/KK)<!--</th--><th>A</th><th>Applicant/Co-Applicant Inform</th><th>nation</th><th>Please F</th><th>Read Insti</th><th>ructions,</th><th>Print Clea</th><th>rly, Answe</th><th>er All Que</th><th>estions</th></li></ul></li></ul>	A	Applicant/Co-Applicant Inform	nation	Please F	Read Insti	ructions,	Print Clea	rly, Answe	er All Que	estions
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s. NUMBER OF ADULTS IN FAMILY: NUMBER OF CHILDREN IN FAMILY: TOTAL FAMILY SIZE:   Family size includes parent. Spouse, children for whom subsidy is requested, other dependents claimed on applicant's or co-applicant's mile size includes the child for whom subsidy is requested and all dependents claimed on applicant's or co-applicant's mile size includes the child and ny of his/her sibilings living in the same home and who are in DYFS-paid out of home placement shall be counted to determine the size of the family.   B Family Income Information Mormation Hardrogued O'DYS-place and solve the counted to determine the size of the family.   B Family Income Information Attach O'Iginal Proof of Income - Most Recent Four Consecutive Weeks   Mormation Hardrogued O'DYS-place and solve the mile same home and who are in DYFS-paid out of home placement does not count as hearn include child support and/or alimony.   1. Wages and Salay (gross): 2. Pensions, Retirement   2. Pensions, Retirement PARENT/CO-APPLICANT   3. Supplemental/Social Security Benefits: Imported in family size include and solve thempelanement does not count as hearn include child support and/or alimony.   5. TANF Cash Assistance: Imported in family size includes and solve thempelanement does not count as hearn include child support and/or alimony.   6. Work/School/Training Information Proof of Current School Registration Must Be Attached   Name of PRIMARY Work/School/Training Site: Imported in the size of the same and whork in the size of the same and whork in the size of the same and whork in the same home and whork is chool in training Sate Date (MoDyryr); (H applicable, enter Setting Date (MoDyryr); (H applicable, enter Setting Date (MoDyryr); (H applicable, Chov		County:			Scho	ool District:				
Family size includes parent, spouse, children for whom subsidy is requested, other dependent children, or adults claimed on applicant's or co-applicant's IRS 1040. For DYFS cases, a child and any of his/her siblings living in the same home and who are in DYFS-paid out of home placement's aunt's or relative's IRS 1040. For DYFS cases, a child and any of his/her siblings living in the same home and who are in DYFS-paid out of home placement's aunt's or relative's IRS 1040. For DYFS cases, a child and any of his/her siblings living in the same home and who are in DYFS-paid out of home placement's aunt's or relative's IRS 1040. For DYFS cases, a child and any of his/her siblings living in the same home and who are in DYFS-paid out of home placement's aunt's or the contract is increased cases, while the size of the family.   B Family Income Information   For each source, onter income information is not equiplements for OYFS and cases/ws? segments for DYFS biddenin out of home placement as income information allocation allocations is not equiplement. So that a success income for current:   Intermation class source income information   For each source, onter income information   Intermation class source income informatio										
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either by weekt, bi-weekt, month or year. Include child support and/or alimony.       List gross income for current: WEEK 2 WEEKS MONTH YEAR       List gross income for current: WEEK 2 WEEKS MONTH YEAR         1. Wages and Salary (gross): 2. Pensions, Retirement: 3. Supplemental/Social Security Benefits: 4. Unemployment, Workmen's Compensation: 5. TANF Cash Assistance: 6. Child Support/Alimony: 7. Other: Check One: Enter Starting Date (Mo/Dy/Yr): Check One and Enter. Number of Hours/ Week and Months/Year for Work/School/Training Site: Complete Address (Street, City, State, & Zip): (I applicable, enter 'Self-Employment       Proof of Current School Registration Must Be Attached PARENT/CO-APPLICANT         Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): (I applicable, enter 'Self-Employed')       Port Time # Hrs/Wk       C Work	B	Family Income Information	A Information is n	ttach Origin ot required for D	nal Proof of YFS-paid caregiv	Income - N ers. Payments fo	lost Recent or DYFS children in	Four Consect out of home place	cutive Wee ement does not c	KS count as income.
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\* Incomplete Applications Will Not Be Accepted \*

YES NO			Supporting	Docume	ents Must Be		ons Will Not Be or Verification	Accepted.	
	2.	Are you currently participati Are you currently receiving/ Transitional Child Care (TC benefits do/did expire by en	have you received C) grant through t tering Month, Day	assistanc he Work F and Year	e for child care v irst New Jersey / /	(WFNJ) Program	m within the last two case number:	years? If ye	s, indicate wh
		Is your family an active case subsidy residing with you?			-		are the children for	whom you are	requesting
	] 4. ] 5.	Are you currently receiving Do you or a member of you plan? If yes, indicate the na Agency Name:	a TANF grant? If r family have a chr	yes, pleas onic medio	e indicate the TA al problem for wh	ANF case numb nich child care is reatment plan a	s recommended as p		ent/rehabilita
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	8.	Are you currently homeless Are the children for whom y <i>home. <b>If you are employ</b></i>	ou are requesting <b>ed or participati</b>	child care <i>ng in a s</i>	assistance in a E chool or trainir	ng program, p			
	] 10.	Do you receive any cash o Are you requesting assista ineligible for the Temporary	ance because the Assistance for Ne	County V edy Famili	/elfare Agency/E es (TANF) or Trai	Board of Social Insitional Child C	are (TCC) Program	?	-
	12.	I understand that I am applyin Do all of the children in this	family have heal	th insuran	ce benefits?	Yes 🗌 No	ONTRACTED servic	es in a comuni	ty-based cent
Child		If NO, do you wish to recei					Whom Assista		stad
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Child is a	US cit	ecial need:	□No □Yes If	yes, atta applicab	ch verification le, Resident A	(copy of Soci lien Card)	ial Security Card	and Birth Ce	rtificate or
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Child has	s a sp	ecial need:	Yes <i>If yes, stat</i> ⊡No⊡Yes <i>If</i>	e special yes, atta	need and attac	(copy of Soci	ial Security Card	and Birth Ce	ertificate or,
			]Denied 🗌 Ap					_	
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DHS/CC:2 (12/08)

### Child Care and Early Education Service Eligiblity Application Certification READ CAREFULLY BEFORE SIGNING

I (we) hereby certify that all of the information provided is true and correct to the best of my (our) knowledge. I (we) know that submitting false information about my (our) situation, failing to give the necessary information or causing others to hold back information is against the law and may subject me (us) to prosecution. I (we) also understand that:

- 1. Acceptance of child care financial assistance is not for my (our) personal use or expenses and that federal, state and local public funds are and will be used as payment for costs that are directly associated with services rendered by a child care provider.
- 2. It is unlawful to obtain financial assistance for child care services by providing any false or misleading information, including but not limited to information about my eligibility and/or information that relates to child attendance for provider records, sign-in sheets or voucher payment forms. Examples of unlawful behavior include, but are not limited to:
  - Failing to accurately report all sources of my (our) income. Examples include, but are not limited to not reporting multiple sources of income, or an increase or decrease in wage/salary, child support payments, or alimony, or any other income.
  - Failing to accurately report the amount of my income. Examples include, but are not limited to reporting the accurate amount(s)
    of income from self-employment; rent from property ownership or changing or altering pay stub information.
  - Failing to accurately report the number of household members. Examples include, but are not limited to failing to report that my spouse or another parent/guardian is living in the household.
  - Pre-signing and dating voucher certification forms, sign-in sheets or other provider records used to track and verify child attendance.
  - Failing to accurately verify child attendance on voucher payment records/forms within the reporting timeframes.
- 3. This information is being given in connection with federal, state and local public funds and will be used through computer matching programs to confirm the accuracy of my (our) statements and verify my (our) income, resources and need for child care assistance, as warranted.
- 4. Providing the requested information, including the Social Security Numbers of Parent(s)/Applicant(s), is voluntary. Agency staff may use my (our) names and Social Security information with federal and state agencies and other sources deemed necessary for official examination. However, copies of birth certificates, social security and qualified alien resident cards, if applicable, are required for all children for whom subsiday services are being requested.
- 5. Failure to provide or deliberate misrepresentation of required information will result in the denial of my (our) application, termination of child care benefits to the family and referral to federal, state or local agencies for criminal or civil court action, garnishment of wages or tax intercept, as well as private claims collection agencies for claims action involving repayment and recovery of funds.
- 6. Providing false or misleading information in connection with my (our) application for child care financial assistance, and/or failing to report within ten days any change in my (our) family size or family income or any other circumstances that might change my (our) eligibility, such as work/school/training status, may result in the termination of my (our) child care subsidy and make me (us) ineligible to apply for and/or receive subsidized child care for a period of six months for the first violation; for a period of 12 months for a second violation; and permanent disqualification for the third violation.
- 7. If I receive financial assistance as a result of false or misleading information, I (we) may be responsible to repay the costs of child care and may be subject to a civil fine and possible criminal prosecution.
- 8. I (we) understand that in order to verify my (our) income and service need, an agency representative may need to contact my (our) employer(s). I (we) hereby authorize my (our) employer(s) to release information regarding my (our) income, pay scale, hours and schedule of work to the agency to which I am applying.

	Parent/Guardian Signature:	Date:
	Parent/Guardian Signature:	Date:
	Unsigned applications cannot be processed. A copy of this docum	nent will be provided to you for your records.
DYF	S USE ONLY	
	Case Manager Name and Number:	
	has been completed; voucher payments for DYFS/CPS child care services are approv	
	Voucher Payment Authorization Signature:	
CCR	&R or CENTER-BASED CONTRACTED (CBC) PROVIDER USE ONLY:	
Check	One: Initial Application Re-determination	Certification Date:/ /
Family	/ Size: Annual Family Income: \$	
Family	y's Total Assessed Co-Payment, if applicable (Enter Amt. and Check One): \$	
Check	One: DENIED APPROVED PENDING	
Staff N	Nember Certification:	Date:
Note: .		
Name	of CCR&R or CBC Provider:	DHS/CC:3 (12/



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		ADDRESS	REPLY TO:	
	Child Care and Early Education			
	Service Eligibility Application STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES			
Dor	ont/Applicant Name:			
	ent/Applicant Name:		Date of Birt	h:/ /
000				
	Complete for Each Additional Child	for Whom		
4	FULL NAME OF CHILD NO. 4		SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) (First) The following information is needed for statistical purposes. Check or RACE: □ American Indian or Alaskan □ Asian □ Black ETHNICITY: Hispanic/Latino: □ Yes □ No SEX: □ Male Indicate the hour/days/duration for which child care is needed:	ne or more of the k or African Americ E Female	can 🔲 Native Hawaiian/Pacific Islan	(Mo./Dy./Yr.) ant response. der ☐ White
	Child has a special need: No Yes If yes, state special n Child is a US citizen or a qualified alien? No Yes If yes, attach	verification (co	by of Social Security Card and E	Birth Certificate or,
	AGENCY USE: Status (Check One): Denied Approved	Resident Alien		
	DYFS USE: (Enter the NJ Spirit Case No.)	Program:	Code:	Component:
_	Assessed Co-Payment (Enter and Circle One): \$Wk	Mo	Enrollment Date:	
5	FULL NAME OF CHILD NO. 5		SOCIAL SECURITY NO.	DATE OF BIRTH
	The following information is needed for statistical purposes. Check or         RACE:       American Indian or Alaskan       Asian       Blac         ETHNICITY:       Hispanic/Latino:       Yes       No       SEX:       Male         Indicate the hour/days/duration for which child care is needed:	k or African Ameri	ican D Native Hawaiian/Pacific Isla verification: by of Social Security Card and E	nder 🗌 White
	AGENCY USE: Status (Check One):	Waiting List	Pending	
	DYFS USE: (Enter the NJ Spirit Case No.)			
	Assessed Co-Payment (Enter and Circle One): \$Wk	Mo		
6	FULL NAME OF CHILD NO. 6		SOCIAL SECURITY NO.	DATE OF BIRTH
	ETHNICITY:       Hispanic/Latino:       Yes       No       SEX:       Male         Indicate the hour/days/duration for which child care is needed:	k or African Americ Female need and attach	can 🔲 Native Hawaiian/Pacific Islan	der 🗋 White
	Child is a US citizen or a qualified alien? No Yes If yes, attach if applicable, I	Resident Alien		arth Certificate or,
	AGENCY USE: Status (Check One):		Code:	
7	FULL NAME OF CHILD NO. 7		SOCIAL SECURITY NO.	DATE OF BIRTH
_	(Last)       (First)         The following information is needed for statistical purposes. Check or         RACE:       American Indian or Alaskan       Asian       Black         ETHNICITY:       Hispanic/Latino:       Yes       No       SEX:       Male         Indicate the hour/days/duration for which child care is needed:	k or African Americ	(9 Digit Number) appropriate boxes to indicate applic can Native Hawaiian/Pacific Islan verification:	/ / (Mo./Dy./Yr.) ant response. der □ White
	AGENCY USE: Status (Check One): □ Denied □ Approved	Waiting List	,	
	DYFS USE: (Enter the NJ Spirit Case No.)			Component:
	Assessed Co-Payment (Enter and Circle One): \$Wk	Mo		/ /



#### STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF FAMILY DEVELOPMENT

# NJ CHILD CARE SUBSIDY PROGRAM

## **Application Addendum**

All families receiving a subsidy through the NJ Child Care Subsidy Program must provide the following information:

	ly assets worth more than hay include but are not limite	\$1,000,000? No Yes	real estate, and personal property.		
If the primary	language spoken in your	home is <u>not</u> English, please specify that langu	age:		
Is the Applicant: On Full-Time Active Military Duty NO Yes In the National Guard/Military Reserve NO Yes Self-Employed NO Yes Is there a Co-Applicant? NO Yes If yes, are they: On Full-Time Active Military Duty NO Yes In the National Guard/Military Reserve NO Yes Self-Employed No Yes					
<ul> <li>Are you homeless based on one or more of the following? No Yes</li> <li>Living in an emergency or transitional shelter.</li> <li>Staying in a motel, hotel, trailer park, or campground or sharing housing with other persons due to loss of housing, economic hardship, or similar reason.</li> <li>Living in a car, bus/train station, park, abandoned building.</li> <li>Living or sleeping in any public or private place that is not normally used as a residence or as a regular sleeping accommodation.</li> <li>Living in substandard housing (i.e. no electricity, running water, etc.).</li> </ul>					
I hereby certify that all of the information provided is true and correct to the best of my knowledge. I also acknowledge that submitting false or misleading information, intentionally omitting information or intentionally causing others to omit or fail to report information is cause for denial or termination from the child care program and I may be subject to all legal and equitable remedies.					
Ap	Applicant Name     Applicant Signature     Date				
Co-/	Co-Applicant Name Co-Applicant Signature Date				

### DISCRIMINATION

This program prohibits discrimination in determining eligibility for child care assistance.

If you believe you have been discriminated against by the New Jersey Child Care Subsidy Program because of race, color, disability, religion, national origin or another reason, you can contact: Office of the Director, Division of Family Development, N.J. Department of Human Services, P.O. Box 716, Trenton, New Jersey 08625