

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/

 I. PARENTIAPPLICANT NAME SOCIAL SECURITY No. DATE OF BIRTH (Mo. Dp/YK) (Mo. Dp/KK) (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>	A	Applicant/Co-Applicant Inform	nation	Please F	Read Insti	ructions,	Print Clea	rly, Answe	er All Que	estions
The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response. FACE: American Indian or Alaskan Seam Effect or African American Nature Havanian/Pacific Islandor White ENNIOT: Hispanic Latino: Image: Seam of the appropriate boxes to indicate applicant response. Default in the image: Seam of the appropriate boxes to indicate applicant response. 2 PARENTICO-APPLICANT NAME (// Applicable) Image: Seam of the appropriate boxes to indicate applicant response. Default in the image: Seam of the appropriate boxes to indicate applicant response. RACE: Image: Imag		1. PARENT/APPLICANT NAME					SOCIAL SECU	JRITY NO.	DATE O	F BIRTH
2. PARENTICO-APPLICANT NAME (/f Applicable) (Even (Last) (Internations needed for statistical purposes. Check one or more of the appropriate backs to indicate applicant response. RACE: ARCE: ARCE: ARCE		The following information is needed for statisti RACE: American Indian or Alaskan ETHNICITY: Hispanic/Latino: Yes 	□ Asian □ No SE	Check one o □ Black x: □ Male	or more of the c or African A □ Fema	<i>appropriate l</i> merican □ ale	boxes to indica Native Hawaii	te applicant re an/Pacific Isla	sponse. ander □Wh	iite
(Last) (First) (ML) (D Digit Number) (Mo.DU/YL) The following information is needed for statistical purposes. Check one or more of the appropriate baces to inflicted applicant response. RACE: American Indian or Alastan Statistical purposes. Check one or more of the appropriate baces to inflicted applicant response. RACE: American Indian or Alastan Statistical purposes. Check one or more of the appropriate baces to inflicted applicant response. The india purpose to indindia purpose to india purpose to india purpose to indin				other Leg	ally Respons	Ible Adult L				
RACE: Characterization Plack or African American Native Hawaiian/Pacific Islander White ETHNOTY: Hispanic/Latino: Yes No Sex: Male Female 3. HOME ADDRESS (Number and Street)		2. PARENT/CO-APPLICANT NAME (If Applicab	le)				SOCIAL SECU	JRITY NO.	DATE O	F BIRTH /
Chr:State:Zip Code:		The following information is needed for statistic RACE:	□ Asian	Asian 🗆 Black or African American 🗆 Nat						
County:		3. HOME ADDRESS (Number and Street)								
County:		City:				State:		_ Zip Code:		
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 For each source, enter income information For each source, enter income information No week, bi-weekly, month or year 1. Wages and Salay (gross): 2. Pensions, Retirement 3. Supplemental/Social Security Benefits: 4. Unemployment, Workmer's Compensation: 5. TANF Cash Assistance: 6. Child Support/Allimony: 7. Other: 8. TOTAL GROSS INCOME: C Work/School/Training Information Name of PRIMARY Work/School/Training Site: C Check One: Enter Starting Date (Mo/Dy/Yr) Name of SECONDARY Work/School/Training Site: Complex Address (Street, Clay, State, & Zip): (1) Back and Monthy/Cast ColvOltarining Site: Complex Address (Street, Clay, State, & Zip): (1) Back and Monthy/Cast ColvOltarining Site: Complex Address (Street, Clay, State, & Zip): (1) Check One: Enter Starting Date (Mo/Dy/Yr); Child Support/Work/School/Training Site: Complex Address (Street, Clay, State, & Zip): (1) Back and Monthy/Cast ColvOltarin		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 of the defension of the grant/particle of DYFS plated and o										
Image: Construction of the information for required for VFS paid aregiver. Payments for DFS children in out of home placement does not count as incomination is not required for VFS paid aregiver. Payments for DFS children in out of home placement does not count as incomination is not required for VFS paid aregiver. Payments for DFS children in out of home placement does not count as incomination is not required for VFS paid aregiver. Payments for DFS children in out of home placement does not count as incomination is not present incomination in the present is a supplemental/Social Security Benefits: Negret and Salary (gross) Pensions, Retirement: Supplemental/Social Security Benefits: Unerployment, Workmen's Compensation: Child Support/Alimony: Child Support/Alimony: Child Support/Alimony: Child Support/Alimony: Supplemental/Social Security Benefits: Child Support/Alimony: Child Support/Alimony: Supplemental/Social Security Benefits: Child Support/Alimony: Supplemental/Social Security Benefits: Supplemental/Social Security Benefits: Supplemental/Social Security Benefits: Support/Alimony: Supplemental/Social Security Benefits: Support/Alimony: Supplemental/Social Security Benefits: Supplemental/Social Security Benefits:		Family size includes parent, spouse, children IRS 1040. In cases of kinship, family size inc relative's IRS 1040. For DYFS cases, a child	for whom sub cludes the chi and any of hi ly.	osidy is reque ld for whom s s/her siblings	sted, other de ubsidy is requ living in the sa	pendent child lested and all ame home an	lren, or adults c l dependents cl d who are in D	laimed on appl laimed on the g YFS-paid out o	grandparent's f home place	, aunt's or ment shall
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	Β	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.
1. Wages and Salary (gross); 2. Pensions, Retirement; Interformation Interformation 3. Supplemental/Social Security Benefits: Image: Construction of the second seco			L			nt:				
2. Pensions, Retirement: 3. Supplemental/Social Security Benefits: 4. Unemployment, Workmen's Compensation: 5. TANF Cash Assistance: 6. Child Support/Alimony: 7. Other: 8. TOTAL GROSS INCOME: Work/School/Training Information Proof of Current School Registration Must Be Attached Name of PRIMARY Work/School/Training Site: Complete Address (Street, City, State, & 2ip): (If applicable, enter Starting Date (Mo/Dy/Yr): Check One: Enter Starting Date (Mo/Dy/Yr): Check One: Enter Starting Date (Mo/Dy/Yr): Complete Address (Street, City, State, & 2ip): Check One: Enter Starting Date (Mo/Dy/Yr): Check One: Enter Starting Date (Mo/Dy/Yr): Check One: Enter Starting Date (Mo/Dy/Yr): Telephone Number: (Check One: Enter Starting Date (Mo/Dy/Yr): Check One: Enter Starting Date (Mo/Dy/Yr): Check One: Enter Starting Date (Mo/Dy/Yr): Check One: Enter Starting Date (Mo/Dy/Yr):		Include child support and/or alimony.	WEEK	2 WEEKS	MONTH	YEAR	WEEK	2 WEEKS	MONTH	YEAR
3. Supplemental/Social Security Benefits:										
4. Unemployment, Workmen's Compensation:		2. Pensions, Retirement:								
S. TANF Cash Assistance:		3. Supplemental/Social Security Benefits:								
6. Child Support/Alimony:		4. Unemployment, Workmen's Compensation:								
7. Other:		5. TANF Cash Assistance:								
8. TOTAL GROSS INCOME: Proof of Current School Registration Must Be Attached Proof of Current School Registration Must Be Attached Name of PRIMARY Work/School/Training Site: PARENT/CO-APPLICANT Complete Address (Street, City, State, & Zip): PARENT/CO-APPLICANT Check One: Enter Starting Date (Ma/Dy/Yr): Work School Training Start Date // Basenal Employment # Hrs/Wk Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): Work School Training Name of SECONDARY Work/School/Training Date (Ma/Dy/Yr): Work School Training # Hrs/Wk Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): Mos/Yr Seasonal Employment # Mos/Yr Name of SECONDARY Work/School/Training Date (Ma/Dy/Yr): Work School Training Start Date //////rining Check One: Enter Starting Date (Ma/Dy/Yr): Work School Training School Training Start Date // Enter Full Time Part Time # Hrs/Wk School Training Check One: Enter Starting Date (Ma/Dy/Yr): Check One and Enter: Number of Hours/ </th <th></th> <th>6. Child Support/Alimony:</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>		6. Child Support/Alimony:								
C Work/School/Training Information Proof of Current School Registration Must Be Attached Name of PRIMARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): (If applicable, enter "Self-Employed") PARENT/CO-APPLICANT PARENT/CO-APPLICANT Check One: Enter Starting Date (Mo/Dy/Yr): Telephone Number: () () () () Check One and Enter: Number of Hours/ Week and Months/Year for Work/School/Training Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): Telephone Number: () ()		7. Other:								
Name of PRIMARY Work/School/Training Site: PARENT/CO-APPLICANT PARENT/CO-APPLICANT Name of PRIMARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): () () (If applicable, enter "Self-Employed") Telephone Number: () () () Check One: Enter Starting Date (Mo/Dy/Yr): Work School Training Start Date // Check One and Enter: Number of Hours/ Full Time Part Time # Hrs/Wk Seasonal Employment # Hrs/Wk Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): () () () () Telephone Number: () () () () () () () Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): () <t< th=""><th></th><th>8. TOTAL GROSS INCOME:</th><th></th><th>Dura</th><th>(</th><th></th><th></th><th></th><th></th><th></th></t<>		8. TOTAL GROSS INCOME:		Dura	(
Name of PRIMARY Work/School/Training Site: Conductive of the sector	C	Work/School/Training Information								
(If applicable, enter "Self-Employed") Telephone Number: () ()		Name of PRIMARY Work/School/Training Site:		PARENT/CO	-APPLICANT			PARENT/CO-/	APPLICANT	
Check One: Enter Starting Date (Mo/Dy/Yr): \[Work \[School \[Training Start Date \[/ \[Full Time \[Part Time \[P										
Check One. Enter Starting Date (Mo/Dy/Yr). Start Date/ Start Date/ Start Date/ Check One and Enter: Number of Hours/ Full Time Part Time # Hrs/Wk Start Date/ Full Time # Hrs/Wk Week and Months/Year for Work/School/Training Seasonal Employment # Mos/Yr Seasonal Employment # Mos/Yr Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): ()		Telephone Number:	()		()					
Check One and Enter: Number of Hours/ □ Full Time Part Time # Hrs/Wk Week and Months/Year for Work/School/Training □ Seasonal Employment # Hrs/Wk Name of SECONDARY Work/School/Training Site: □ Seasonal Employment # Mos/Yr Name of SECONDARY Work/School/Training Site: □ Complete Address (Street, City, State, & Zip): □ Check One: Enter Starting Date (Mo/Dy/Yr): □ Work □ School □ Training Start Date □ Work □ School □ Training Start Date □ Junc Check One and Enter: Number of Hours/ □ Full Time □ Part Time # Hrs/Wk □ Full Time □ Full Time □ Full Time □ Hrs/Wk		Check One: Enter Starting Date (Mo/Dy/Yr):								
Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): Telephone Number: () Check One: Enter Starting Date (Mo/Dy/Yr): Check One and Enter: Number of Hours/		Check One and Enter: Number of Hours/								
Complete Address (Street, City, State, & Zip): Telephone Number: ()		Week and Months/Year for Work/School/Training	Seasonal Employment # Mos/Yr			□ Seasonal Employment # Mos/Yr				
Check One: Enter Starting Date (Mo/Dy/Yr): \[Work \[School \[Training \] Start Date \[//// \[Full Time \[Part Time \] # Hrs/Wk \[Full Time \[Part Time \] # Hrs/Wk \[Full Time \[Part Time \[# Hrs/Wk \[Full Time \[Part Time \[# Hrs/Wk \[Pull Time \[Part Time \[# Hrs/Wk \[Pull Time \[Part Time \[# Hrs/Wk \[Pull Time \[Part Time \[# Hrs/Wk \[Pull Time \[Part Time \[# Hrs/Wk \[Pull Time \[Part Time \[_								
Check One and Enter: Number of Hours/ Start Date / Start Time # Hrs/Wk Check One and Enter: Number of Hours/ Image: Hull Time Image: Hull Time # Hrs/Wk		Telephone Number:	()_				() _			
Check One and Enter: Number of Hours/ Full Time Part Time		Check One: Enter Starting Date (Mo/Dy/Yr):	_		. –	Training			ool □T	raining
		Check One and Enter: Number of Hours/ Week and Months/Year for Work/School/Training	🗆 Full Time	e 🗌 Part T			Full Time	Part Tim)e	-

* 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
		Are you the head of the ho							
	8.	Are you currently homeless Are the children for whom y <i>home. If you are employ</i>	ou are requesting ed or participati	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
Inform		n U	se Addendum	n Form t	o Provide Inf	formation fo	or Addiitonal Ch	nce Reque	stea.
FULL NA	ME O	F CHILD NO. 1				SOC		DATE /	OF BIRTH
RACE: ETHNICIT	ry: H	(Last) information is needed for si] American Indian or Alaskai ispanic/Latino: □Yes ur/days/duration for which	tatistical purposes n ⊡ Asian ⊡No sex : [☐ Blac] Male	k or African Amer	e appropriate`b ican ⊡Nativ	Digit Number) oxes to indicate app e Hawaiian/Pacific Is	olicant respons	o./Dy./Yr.) se. 'hite
Child has a special need: No Yes If yes, state special need and attach verification: Child is a US citizen or a qualified alien? No Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card) AGENCY USE: Status (Check One): Denied Approved Waiting List Pending									
DYFS USE	E: (Ent	er the NJ Spirit Case No.)	-	F	Program:	Code	:	Component:	
Assesse	ed Co-F	Payment (Enter and Circle One	e): \$Wk	·	Mo		Enrollment Date:	/ /	
FULL NA	ME O	F CHILD NO. 2				SOC	CIAL SECURITY NO.	DATE	OF BIRTH
RACE: ETHNICIT	Г Г Ү: Н	(Last) information is needed for si American Indian or Alaskai ispanic/Latino: Yes ur/days/duration for which	tatistical purposes n ⊡ Asian ⊒No sex : [□ Blac □Male	he or more of the k or African Amer E Female	e appropriate b	Digit Number) oxes to indicate app e Hawaiian/Pacific Is	olicant respons	o./Dy./Yr.) se. hite
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					_	
Assesse	E: (Ent ed Co-F	er the NJ Spirit Case No.) Payment (Enter and Circle One	e): \$Wk	•	Program: Mo		Code: Enrollment Date:	Compo / /	nent:
FULL NA	ME O	F CHILD NO. 3				soc	CIAL SECURITY NO.		OF BIRTH
RACE:		(Last) information is needed for si American Indian or Alaskai ispanic/Latino: □Yes	tatistical purposes n 🛛 🗌 Asian	Check of Blac	(M.I.) me or more of th k or African Amer Female	e appropriate b	Digit Number) oxes to indicate app	M) olicant respons	o./Dy./Yr.) se. 'hite
		ur/days/duration for which ecial need: □No □ [*] izen or a qualified alien?	Yes <i>If yes, stat</i> □No□Yes <i>If</i>	e special yes, atta	need and attac ch verification	(copy of Soci	ial Security Card	and Birth Ce	ertificate or,
Child has Child is a	US cit		it	applicas	le, Resident A	nen Garu)			
Child is a	US cit		Denied □ Ap		-	,]		
Child is a	US cit		Denied 🗌 Ap	proved	U Waiting List			Compo	nent:

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/



5

6

		ADDRESS	ADDRESS REPLY TO:						
	Child Care and Early Education								
	Service Eligibility Application STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES								
Dor	ent/Applicant Name:								
	ial Security Number:		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 need and attach verification:Child is a US citizen or a qualified alien? No Yes If yes, attach verification (copy of Social Security Card and 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					
	(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.) The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response. RACE: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White ETHNICITY: Hispanic/Latino: Yes No SEX: Male Female Indicate the hour/days/duration for which child care is needed:								
	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 verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)								
	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		/ /					