

APPLICATION FOR CHILD CARE SUBSIDY

NEW
 RECERTIFICATION

Applicant: Please TYPE (if completing online) or PRINT neatly in blue or black ink

FOR AGENCY USE ONLY	Case Name:	Case Number:	Registry #:	Office:	Unit #:	Worker #:	Application Date:
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Section 1 Applicant	Last Name (Please include any aliases or maiden names in parentheses):			First Name:			M.I.:
	Address Residence:			Apt. #:	City:	State:	Zip Code:
	Address Mailing (if different than above):			Apt. #:	City:	State:	Zip Code:
	Work phone # (w/ area code):		Home phone # (w/ area code):		Cell / other phone # (w/ area code):		
	What is your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				What is your primary Language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, specify:		

Please fill out the information below for your entire household. List yourself first, followed by everyone who lives with you. For additional family members, please attach a separate sheet. Include information for any spouse/other parent of the children applying for care who lives in the home.

Section 2 Family & Other Household Members	LAST Name (Please include any Maiden names or aliases in Parentheses)	FIRST Name	M.I.	Relationship	Does this person need child care? Yes(Y) / No(N)	Both parents of child(ren) reside in the Home? Yes(Y) / No(N)	Date Of Birth (mm/dd/yy)	Sex M/F	Hispanic or Latino Yes(Y)/ No(N)	Race (See Legend Below)	Social Security Number (optional)
	1.			SELF	Not Applicable	Not Applicable					
	2.										
	3.										
	4.										
	5.										
	6.										
	7.										
	8.										
	9.										
10.											

Race Legend: I = Native American or Alaskan Native A = Asian B = African American/ Black P = Native Hawaiian/Pacific Islander W = Caucasian/White

Are you currently pregnant? Yes No If Yes, provide due date:

List below names of everyone under age 21 living with you whose parent is NOT living with you and provide the requested information.

Section 3 Absent Parent(s)	Name of Person Under Age 21	Absent Parent's Name & Address	Is Absent Parent available to provide child care? If not, why?

Section 4 Child/ Family Needs	Are you requesting child care primarily so that you can work? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why do you need child care?	Does the child for whom you are seeking child care services have any conditions that require special help or attention? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:

Section 5 Employment	Applicant's Employer's Name:		Hours per week:	Tel #:
	Employer's Address:	City:	State:	Zip Code:
	Spouse / Other Parent's Employer's Name:		Hours per week:	Tel #:
	Employer's Address:	City:	State:	Zip Code:

Please complete income information for yourself AND anyone applying with you. (This includes children in need of care, their parents, step-parent and any other children under age 21 in household). See instructions for documentation requirements.

Section 6 Income - Answer all Questions	Indicate if you or anyone applying with you receives money from:	YES	NO	Who Receives?	Gross Amount?	Period (week, biweekly, monthly, etc.)
		Employment / Self-employment including overtime, commissions, training programs, tips & other than listed in Section 5 above				
	Child Support Payments (Received)					
	Alimony Support Payments (Received)					
	Unemployment Insurance Benefits)					
	Social Security Benefits (including SSI)					
	Disability Benefits (NYS, VA, Private)					
	Rental / Boarders / Lodgers Income (Received)					
	Other, Specify:					

READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM CERTIFYING YOU WILL COMPLY

PENALTIES: Your application may be investigated. By signing this agreement you are consenting to cooperate in such investigation. **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 Services;** or at any time 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 Services; or if you conceal or fail to disclose facts that would affect the rights of someone for whom you have applied to obtain or continue to receive Child Care Services; and such Child Care Services must be used for the other person and not yourself. It is unlawful to obtain Child Care Services by concealing information or providing false information.

CHANGES: I agree to inform the agency **immediately** of any change in my needs, income, property, 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 days/hours for which child care is needed. I agree to inform the agency immediately of any other changes which may affect my continued eligibility or amount of my benefit.

CONSENT: I understand that by signing this application form, **I agree to any investigation made by the Department of Social Services** to verify or confirm the information I have given or any other investigation made by them in connection with my request for Child Care Services. **If additional information is requested, I will provide it.**

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

CERTIFICATION OF CITIZENSHIP / ALIEN STATUS FOR CHILD CARE SERVICES:

I swear and affirm under penalties of perjury, that all children (listed below) who are seeking Child Care Services, (List the names of all children needing child care services below)

are United States (U.S.) citizens or nationals or persons with satisfactory immigration status. I understand that information about my household may be submitted to the Immigration and Naturalization Service (INS) for verification of immigration status, if applicable. I further understand that the use or disclosure of information about household members including myself who are applying for or receiving Child Care Services 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 Services program.

CERTIFICATION: I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct.

Applicant Signature:	Date Signed:	Second Applicant if Applicable Signature:	Date Signed:
Print Name:		Print Name:	

If someone other than the applicant has prepared this application, please sign here.	Date Signed:
REPRESENTATIVE SIGNATURE:	
PRINT NAME:	

Area below for Agency Use Only:

Case Name	Case #	Registry #	Version #	Re-Use Indicator <input type="checkbox"/>	District: <u>A47</u> Case Type: <u>40</u>	Trans Typ: <input type="checkbox"/>New Open <input type="checkbox"/>Re-Open <input type="checkbox"/>Recert
					Disposition: <input type="checkbox"/>Denied Reason Code: <input type="checkbox"/>W/D	
Eligibility Determined By:		Date:	Eligibility Approved By:			Date:
Line 1 CIN #	Line 6 CIN #			Comments:		
Line 2 CIN #	Line 7 CIN #					
Line 3 CIN #	Line 8 CIN #					
Line 4 CIN #	Line 9 CIN #					
Line 5 CIN #	Line 10 CIN #					