

DO NOT WRITE IN SHADED AREAS - COMPLETE ALL QUESTIONS NOT LISTED AS OPTIONAL. PLEASE PRINT CLEARLY

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 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:	<input type="checkbox"/> New Open	<input type="checkbox"/> Reopen	<input type="checkbox"/> Recert.	Disposition:
						<input type="checkbox"/> Denial
						Reason Code
						<input type="checkbox"/> 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 (IN PAST YEAR)						
OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED						
Marital status?	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed	
Primary language?	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> 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, Middle Initial, Last Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM-DD-YY)	SEX (M/F)	RELATIONSHIP TO YOU	Gender Identity Optional: Male, Female, Non-Binary, X, Transgender, Different Identity [Please describe]	SOCIAL SECURITY NUMBER (SSN) Optional	Enter Y (Yes) or N (No) if Hispanic or Latinx (Optional)					Does this child need child care? (Y/N)	Child is U.S. Citizen/National or Has Satisfactory Immigration Status?	Does child have special needs?	Do both parents reside in the home?
							H	I	A	B	P				
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

<p>DO ANY OF THESE APPLY TO YOU OR YOUR SPOUSE/THE OTHER PARENT IF THEY LIVE IN THE HOME?</p> <p>For each of the following, answer YES or NO:</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care to work.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care for another reason. Give reason:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Homeless (no fixed, regular, and adequate place to stay at night).
	<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is on active duty (serving full-time) in the U.S. Military.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is a member of a National Guard or Military Reserve unit.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for Public Assistance through a different application.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for other child care funding. Agency Name:	
<input type="checkbox"/> YES <input type="checkbox"/> 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 19	ABSENT PARENT'S NAME AND ADDRESS	Is absent parent available to provide care?	If No provide reason.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

EMPLOYER'S NAME	WORK PHONE () - / /	START DATE OF JOB / /					
EMPLOYER'S ADDRESS	STATE	ZIP CODE					
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Hourly Wage: \$	Does the job require overtime (O/T)? <input type="checkbox"/> YES <input type="checkbox"/> NO						
What is a typical work schedule?	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	FROM	FROM	FROM	FROM	FROM	FROM	FROM
	TO	TO	TO	TO	TO	TO	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)? <input type="checkbox"/> Applicant's job <input type="checkbox"/> Spouse's job <input type="checkbox"/> Other Parent's job							
EMPLOYER'S NAME	WORK PHONE () - / /						
EMPLOYER'S ADDRESS	STATE						
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Hourly Wage: \$	Does the job require overtime (O/T)? <input type="checkbox"/> YES <input type="checkbox"/> NO						
What is a typical work schedule?	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	FROM	FROM	FROM	FROM	FROM	FROM	FROM
	TO	TO	TO	TO	TO	TO	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)	<input type="checkbox"/>	<input type="checkbox"/>						
Net Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/>						
Child Support Payments (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Alimony/Spousal Support (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Unemployment Insurance Benefits, Workers' Comp	<input type="checkbox"/>	<input type="checkbox"/>						
Social Security Benefits (including SSI)	<input type="checkbox"/>	<input type="checkbox"/>						
Disability Benefits (NYS, VA, Private)	<input type="checkbox"/>	<input type="checkbox"/>						
Rental/Boarder/Lodger Income (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Dividends/Interest - Stocks, Bonds, Savings	<input type="checkbox"/>	<input type="checkbox"/>						
Pensions/Annuities	<input type="checkbox"/>	<input type="checkbox"/>						
Public Assistance (PA) Grant, Safety Net Benefits	<input type="checkbox"/>	<input type="checkbox"/>						
Other (Please specify.)	<input type="checkbox"/>	<input type="checkbox"/>						

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?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Public Transportation?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PICKUP	Travel time from work/activity to the child care provider?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Public Transportation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 9. CHILD CARE PROVIDER INFORMATION

PROVIDER NAME AND ADDRESS	NAMES OF CHILDREN	ALREADY ENROLLED?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 10. CHILD'S SCHOOL INFORMATION. List all children enrolled in school

SCHOOL NAME AND ADDRESS	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.

JURISDICTION – I understand that if I move out of the originating district that authorized my Child Care Assistance eligibility, the information about myself, my child(ren), and any other persons residing in my household, may be disclosed to any local district I move to within New York State. By signing this application, I authorize the release of the information in my child care case file to the new district that I move to, for my continued eligibility.

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, gender identity, sexual orientation, disability, religious creed, national origin, political belief, or any other factors prohibited by law.

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 social services district 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 SOCIAL SERVICES DISTRICT (LSSD)
 OF THE COUNTY THAT YOU LIVE IN.**

FOR AGENCY USE ONLY:									
CASE NAME	CASE #	REGISTRY #	VERSION #	REUSE INDICATOR <input type="checkbox"/>	DISTRICT: CASE TYPE: <u>40</u>	DATE / /			
SERVICES TRANS TYPE: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert.	DATE / /		Disposition: <input type="checkbox"/> Denial <input type="checkbox"/> Reason Code	DATE / /		Withdrawal			
ELIGIBILITY DETERMINED BY			ELIGIBILITY APPROVED BY						
CHILD CARE AUTHORIZATION FROM DATE / /		CHILD CARE AUTHORIZATION TO DATE / /		COMMENTS:					
L1 CIN:	L4 CIN:	L7 CIN:							
L2 CIN:	L5 CIN:	L8 CIN:							
L6 CIN:	L9 CIN:	L9 CIN:							