

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 Cash 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				Email (optional):		
Primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> 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) <i>Optional</i>	Enter Y (Yes) or N (No) if Hispanic or Latino (Optional)						Does this child need child care? (Y/N)	FOR EACH CHILD in need of child care, answer Yes/No		
								H	I	A	B	P	W		Child is U.S. Citizen/National or Has Satisfactory Immigration Status?	Does child have a disability?	Do both parents reside in the home?
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 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"/>						
Cash 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?		Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO
PICK-UP	Travel time from work/activity to the child care provider?		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	NAMES OF CHILDREN	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.

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, disability, religious creed, national origin or political belief.

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 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'S SIGNATURE	DATE SIGNED	SECOND APPLICANT'S/REPRESENTATIVE'S SIGNATURE	DATE SIGNED
X	/ /	X	/ /
PRINT NAME:		PRINT NAME:	

<p>RETURN YOUR APPLICATION TO: THE <u>LOCAL DEPARTMENT OF SOCIAL SERVICES (LDSS)</u> OF THE COUNTY THAT YOU LIVE IN.</p>	
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FOR AGENCY USE ONLY:							
CASE NAME	CASE #	REGISTRY #	VERSION #	RE-USE INDICATOR <input type="checkbox"/>	DISTRICT:	DATE / /	
SERVICES TRANS 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	
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:					