

## **DIVISION OF CHILD CARE AND HEAD START**

### **INSTRUCTIONS FOR COMPLETING YOUR APPLICATION FOR CHILD CARE SUBSIDY**

Dear Parent/Caretaker(s),

The following instructions are provided to assist you in completing your application. Please read the instructions very carefully. When completing your application, please remember to print clearly in block capital letters (A, B, C) using blue or black ink.

This Application must include supporting documentation such as proof of income, proof of address and proof of employment. Required documentation is indicated in the shaded boxes throughout these instructions.

### **OFFICE BOX**

Gray shaded boxes are for office use only. Please **do not write** anything in these sections.

### **SECTION 1 – APPLICANT**

The applicant is the adult parent or caretaker requesting care. Unless otherwise noted, this section must contain the following information for the applicant only:

- 1) Last and First Name. Please put any aliases or maiden names in parentheses.
- 2) Address (*residence*).
- 3) Address (*mailing*), if different than residential address.
- 4) Telephone Numbers – work, home and cellular (*if applicable*).
- 5) Public Assistance Status and Medical Status (*if you are a PA recipient, you should apply for child care through your job center worker*).
- 6) Primary Language.

**DOCUMENTATION:** Include (1) of the following as proof of address: 1) Utility bill (gas, electricity or telephone), 2) Rent receipts, 3) Section 8 award letter, 4) NYCHA certificate.

### **SECTION 2 – FAMILY MEMBERS**

Unless otherwise noted, in this section you must:

- 1) List the last and first names of everyone who lives with you and any aliases or maiden names in parentheses, of everyone who lives with you.
- 2) Fill in your relationship with everyone living in the home (*e.g. self, spouse, my child's parent, child, adopted child, foster child, sister, mother, etc*).
- 3) Write "YES" or "NO" to indicate whether this family member requires child care.
- 4) Write "YES" or "NO" to indicate whether both of the child's parents live in the home.  
**Note:** *If one or both parents do not live in the home, you must complete the absent parent form included in this packet.*
- 5) Fill in the Date of Birth, Sex, Hispanic and Race columns for everyone who lives with you.  
**Note:** *You must indicate whether each household member is Hispanic or Latino and you must select Race for each household member. However, you may choose multiple Race categories for a single person.*
- 6) Fill in the social security number for your family members. You may but do not have to list Social Security Numbers. Social Security Numbers may be used by federal, state and local agencies to prevent duplication of services, fraud and for federal reporting.
- 7) Attach a separate sheet for additional household members (*if there are more than six*).

**DOCUMENTATION:** Include (1) of the following to verify the identity of all children under 18: 1) Copy of a birth certificate, 2) Baptismal record, 3) Passport, 4) Alien registration card with your signature on the copy.

### SECTION 3 – EMPLOYMENT

In this section, include employment information only for parents or step-parent of the children for whom you are applying for a subsidy, if they live in the home.

Applicant/Spouse/Other Parent:

- 1) Employer's name, address and telephone number.
- 2) Hours worked per week.
- 3) List scheduled days and hours of employment (*i.e. Monday – Friday, 9am – 5pm*).
- 4) Check if your job has a rotating shift and/or requires overtime.

### SECTION 4 – CHILD/FAMILY NEEDS

- 1) Check "YES" or "NO" to indicate whether your reason for requesting a child care subsidy is so that you can work.
- 2) If the reason you are applying for a child care subsidy is NOT so that you can work, please choose the appropriate reason from this list and write it on the blank line in the application:
  - a) Vocational Training, Educational Activities, or Rehabilitation (*excluding four year college*).
  - b) Seeking Employment.
  - c) Illness or Incapacity.
  - d) Necessary Absence from the Home.
  - e) Social Service Referral for Family or Child.

**Note:** *Preventive and Protective Service – Families requesting child care for protective/preventive services are eligible for child care without regard to income and do not need to complete this application. Families meeting this requirement are determined eligible for child care as part of their application for protective/preventive services.*

- 3) Check "YES" or "NO" to indicate whether the child for whom you are applying lives with someone other than his/her mother or father (*e.g. foster parents, grandparents, etc.*).
- 4) Check "YES" or "NO" to indicate whether the child for whom you are applying has special needs.

**Note:** *If your child has special needs you may document his/her need for additional attention by including an Individualized Educational Plan (IEP) or a pediatrician's written statement.*
- 5) Check "YES" or "NO" to indicate whether the child for whom you are applying has health insurance.

**Note:** *If your child does not have insurance he/she may be eligible through Child Health Plus. For more information, please call 311.*

**DOCUMENTATION** (*You must document any reason for care other than employment independent of income documentation*):

**REASON FOR CARE (Section 4):** Include (1) of the following if you are applying for child care for a reason other than current employment:

- 1) Vocational Training, Educational Activities, or Rehabilitation – Vocation Training Verification: ACD-1082.
- 2) Seeking Employment – One of the following: a) UIB Book or b) NYSES registration card.
- 3) Illness or Incapacity – ACD 1039 (medical referral form) completed by a doctor, clinic, or hospital.
- 4) Necessary Absence from the Home – Both of the following: a) Notarized statement from applicant indicating reason for absence from home, hours of absence, days of absence, total absence time, and b) supporting documents (e.g. doctor's letter).
- 5) Social Service Referral for Family or Child – Social Service Referral Form: ACD-1019

**SPECIAL NEEDS (Section 4):** Include (1) of the following to verify your child's special needs:

- 1) Individualized Educational Plan (IEP).
- 2) Pediatrician's written statement.

## SECTION 5 – EARNINGS AND OTHER INCOME

Please include income/benefits information for yourself AND anyone applying with you. (*This includes children in need of care, their parents, stepparent and any additional children under age 18 in household.*)

1) Earnings – Applicant/Spouse/Other Parent:

- a) Check one box to indicate whether you are paid weekly, biweekly, semi-monthly, or other.
- b) Provide your gross income per pay period (*pre-tax income*).
- c) Include documentation (*see below for a list of acceptable documentation*).

2) Other Income – Applicant and/or other parent living in the home and/or children under 18 living in the home:

- a) If you receive alimony and/or child support, unemployment and/or worker's compensation, have a net income from self-employment and/or rental income, indicate how frequently you collect that income.
- b) Provide your pre-tax income from each source and indicate how frequently you collect the income.
- c) Include documentation for each income source.

3) Benefits – Applicant and/or other parent living in the home and/or children under 18 living in the home:

- a) If you receive social security, SSI, disability, retirement and/or pensions and annuities, and/or other income/benefits, indicate how frequently you collect that income.
- b) Provide your pre-tax income from each source and indicate how frequently you collect the income.
- c) Include documentation for each income source.

4) Other Income/Benefits – Applicant and/or other parent living in the home and/or children under 18 living in the home:

- a) Check all applicable boxes to indicate whether you collect specific income/benefits.
- b) You do not need to include documentation or specific amounts.

### DOCUMENTATION:

Include all of the following for yourself AND anyone applying with you to verify your income/benefits:

1) Employment Income –

- a) Pay stubs (*if you receive them*) four current, consecutive weekly pay stubs if they are exactly the same, two current, consecutive bi-weekly or semi-monthly pay stubs if they are exactly the same, or twelve weekly or six biweekly/semi-monthly current, consecutive pay stubs if they are not identical.
- b) ACD-1069 is required if you are paid in cash or by check without a pay stub.

2) Alimony/Child Support – ACD-1081 and, if available, court order of support, divorce decree, or separation papers.

3) Unemployment – UIB book or benefits rate letter.

4) Self Employment –

- a) Business and Personal income tax returns are required if you are self employed (*IRS 1040 and schedules C and SE for sole proprietorship, and IRS 1040, 1065, Schedules K-1 and SE for partnership*)
- b) Notarized statement of income if self-employed less than three months.
- c) Accountants statement if self-employed between three months and one year.

5) Social Security, Disability, Retirement, Pensions, Annuities, Worker's Compensation, SSI – Copy of checks, current award letters, or the SSA Form 245B.

6) Medicaid – Photo ID, Medicaid Card.

## SECTION 6 – PROVIDER

- 1) If you know where you would like to enroll your child in care, please provide the name of that provider and an alternate. You may also want to indicate the types of care you would consider in case no slots are available with the providers you listed.
- 2) If you do not know where you would like to enroll your child in care, please indicate the types of care that you are interested in:
  - a) Center Based Care – Child care and education in centers that care for groups of children together in classrooms. Please note that center based care programs operated by religious schools or in public schools on their premises do not have to be licensed or registered.
  - b) Head Start – Developmentally focused pre-school for three and four year olds living in very low income families. Head Start includes family social services and emphasizes parental involvement.
  - c) Family Day Care – Care by a licensed provider for a small number of children in his/her own home.
  - d) Informal Care – Friends, relatives or neighbors caring for one or two children. Please note that informal care providers do not have to be licensed or registered.
- 3) If you would like to list a third provider preference you may attach a separate sheet.

## SECTION 7 – CITIZENSHIP LEGAL STATEMENTS

In this section, include citizenship information for the child/children for whom you are applying. You must complete and sign this written certification of citizenship.

**Note:** *If your child is not a United States citizen, eligibility for child care must be determined in person at a resource area. Please contact your resource area to make an appointment and bring proof of legal residency (immigration department form I-94, alien registration card, naturalization papers, or lawyer's letter) to the appointment.*

### LEGAL RESIDENCY FOR NON CITIZEN CHILDREN:

If your child is not a US citizen, eligibility for child care must be determined in person at a resource area. Please contact your resource area to make an appointment and bring (1) of the following as proof of legal residency:

- 1) Immigration department form I-94
- 2) Alien registration card
- 3) Naturalization papers
- 4) Lawyer's letter

## SECTION 8 – CERTIFICATION AND SIGNATURE

Please read the certification section carefully and sign. If the applicant is completing the application for someone else, he/she must sign his/her own name.

## SECTION 9 – OFFICE

Do not complete this section. This will be used by staff in determining your family's eligibility for care.

**In addition to the *Application for Care Subsidy*, make sure you have been given copies of:**

- **LDSS-4148A:** "What You Should Know About Your Rights and Responsibilities"
- **LDSS-4148B:** "What You Should Know About Social Services Programs"
- **LDSS-4148C:** "What You Should Know If You Have an Emergency"

These booklets contain important information about your rights and responsibilities.