

Child Care Assistance Recertification Submission Instructions and Checklist

Applicants who are completing their recertification for child care assistance (CFWB-012) must update their application if necessary and include supporting documentation. Use these instructions and checklist to ensure that your application is complete before submitting.

Section 1: Applicant

Please complete all fields in Section 1. Some information will be pre-filled with the information you provided on your last application or recertification. Please confirm that the information included is correct.

If your address has stayed the same: There is nothing new for you to submit! Please move to the Section 2.

If your address has changed: Please update your address in Section 1 and provide one of the following to verify New York City residency; these must have your new/current address:

- | | |
|---|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> CFWB-067 Residency Attestation |
| <input type="checkbox"/> IDNYC | <input type="checkbox"/> CFWB-027 Housing Attestation with address listed |
| <input type="checkbox"/> Section 8 Award Letter | <input type="checkbox"/> Shelter Residency Letter with address listed |
| <input type="checkbox"/> NYCHA Certificate | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Utility Bill with your current address
(e.g. electricity, gas, heating, oil, water, WiFi/internet, cable, or landline phone)* | <i>Please Note: If "OTHER" documentation is not satisfactory, ACS will notify applicant.</i> |
| <input type="checkbox"/> Current lease, rent, or mortgage statement with address* | |

Documents cannot be expired.

Documents with a * cannot be more than 60 days old.

Section 2: Child(ren) Needing Care

Some information will be pre-filled with the information you provided on your last application or recertification. Please confirm that the information included is correct.

If nothing has changed about the children in your household needing care: There is nothing new for you to submit! Please move to Section 2b.

If any of the children listed no longer need care: Please cross out their name(s).

If you have new children that need care: For each new child needing care, fill out all of their information in a new line in Section 2. All fields must be completed (e.g. Name, Relationship, DOB, etc.). For the question about race, use the Racial Affiliation Codes at the bottom of the page. You will also need to provide one of the following documents for each new child:

1. Citizenship/Immigration Status

- | | |
|---|---|
| <input type="checkbox"/> Alien Registration Card including Permanent Resident or Green Card | <input type="checkbox"/> US Birth Certificate |
| <input type="checkbox"/> FS-240 (Report of Birth Abroad of a U.S. Citizen) | <input type="checkbox"/> US Passport |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Naturalization Certificate |

Please Note: If "OTHER" documentation is not satisfactory, ACS will notify applicant.

2. Child's Relationship to Parent/Applicant

- | | |
|---|---|
| <input type="checkbox"/> Certificate of adoption or adoption court order | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Passport with parent's signature | <input type="checkbox"/> Baptismal record |
| <input type="checkbox"/> Court order for legal guardian with financial responsibility | <input type="checkbox"/> Other (please complete Caretaker Attestation CFWB-058) |

3. Age

- | | |
|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Alien Registration Card |
| <input type="checkbox"/> Baptismal record | <input type="checkbox"/> Adoption record |
| <input type="checkbox"/> Passport | <input type="checkbox"/> Official hospital documentation of the child's birth |

Section 2b: Family Members

List the household members who do not need child care. If applicable, list your spouse, your child's second parent, caretaker, or step-parent, and any other adult with whom you share a child, if they live in your home. Second, if applicable, list any siblings under the age of 18 who live in your home. Only list other households members, such as aunts, uncles, cousins, grandparents, or friends, if they have financial responsibility for the child. A household member with financial responsibility, other than a parent or step-parent, is a household member with a letter or order of guardianship. Otherwise, do not include them.

Section 3: Child/Family Needs

Complete all the information requested in Section 3. Every applicant must have a qualified reason for care; in a two-parent household, parents or caretakers can have the same or different reasons for care. Please confirm your reason(s) for care in this section and provide the following documents, depending on your reason. These are required even if your reason(s) for care have not changed since your last application or recertification.

- a. Employment (Working 10+ hours per week earning at least minimum wage)
 - Complete Section 4 - Employment
 - Submit Employment or Self-Employment documentation, listed in Section 6 under "Wages/Salary"
- b. Educational/Vocational Activity
 - CFWB-005 Vocational, Education and Training Verification Form OR
 - A letter from the educational or vocational training program on their official letterhead; this letter must contain all the information required in the CFWB-005 Vocational, Education and Training Verification Form.
- c. Looking for Work
 - CFWB-026 - Work Search Record OR
 - Approved Work Search Plan from the NYS Dept. of Labor OR
 - Proof of receipt of Unemployment Insurance
- d. Homelessness
 - Shelter Residency Letter (If living in Shelter, including Humanitarian Emergency Relief Centers) OR
 - CFWB-027 Housing Attestation (If living doubled-up, in a place not meant for human habitation, in a hotel/motel, or in another living situation)
- e. Attending Services for Domestic Violence
 - Referral for services from a domestic violence service provider
- f. Attending Treatment for Substance Abuse
 - Referral for treatment or services from a substance abuse service provider

Section 4: Employment

Complete all the information in Section 4 if you and/or your second parent/caretaker have "Employment" as your reason(s) for care. This is required even if your Employment has not changed since your last application or recertification.

Section 5: Work/Activity/Travel Time Schedule

Complete all the information in Section 5. This is required even if your schedule has not changed since your last application or recertification.

Section 6: Income Information

All Applicants must provide income documentation regardless of reason for care. This is required even if your income has not changed since your last application or recertification.

Wage/Salary:

If You Are Employed and Receive Paystubs:

You must submit your paystubs to confirm your income. The number of paystubs you must submit varies by how often you get paid and whether your payment amount is the same or different each time you are paid – see the table below for details. Paystubs must show gross income (before taxes).

Submit the most recent paystub you have received, followed by others in consecutive order with no gaps. If your pay varies, what you're being asked to submit is equal to 3 months of wages – if you believe the prior 3 months do not represent your typical wages, you may submit up to 6 months of paystubs.

How often do you get paid?	How much are you paid?	
	Always the same amount	Different amounts each time
Weekly (Every Week)	4 most recent, Consecutive pay stubs	12 most recent, consecutive Pay stubs
Bi-Weekly (Every Two Weeks)	2 most recent, Consecutive pay stubs	6 most recent, consecutive Pay stubs
Semi-Monthly (Two Times Per Month)	2 most recent. Consecutive pay stubs	6 most recent. consecutive Pay stubs
Monthly (One Time Per Month)	3 most recent, Consecutive pay stubs	3 most recent, consecutive Pay stubs

If You Are Employed and Do Not Receive Paystubs:

- CFWB-015 Referral to Employer for Employee Income Information Form

Self-Employment Income:

- If self-employed for 1 year or more: Submit a current, complete, and signed Form 1040 AND a Schedule 1 (Form 1040) AND one of the following documents, depending on your type of business:
 - For Sole Proprietor: Schedule C (Form 1040) and any related Form 1099
 - For S-Corp and LLC-Corp: Form 1120-S
 - For LLC Partnership: Form 1065
- If self-employed for 1 year or more, but do not have a current Form 1040 due to filing an extension: Submit a complete and signed Form 4868 AND three months of business records maintained for tax purposes.
- If self-employed for less than 1 year: Submit CFWB-031 Self-Employment Income Information Attestation AND three months of business records.
- If self-employed for less than 3 months: Submit CFWB-031 Self-Employment Income Information Attestation AND business records for every month self-employed.

Other Income:

- For SSI, SSD, unemployment benefits, rental income, pensions, annuities, worker's compensation:
Submit proof of this income source in the form of a recent check, pay stub or award letter. You do not need to include SSI received by any child in your household. If the amount is the same each month, you must provide one month of documentation. If the amount is different each month, you must provide 3 months of documentation. If you believe the prior 3 months do not represent your typical income from this source, you may submit up to 6 months of documentation. The most recent check, pay stub or award letter must be dated within 30 days of your application submission date.

- For alimony and child support: Submit documentation if you have an agreement, award letter, or copy of checks. If the amount is the same each month, you must provide one month of documentation. If the amount is different each month, you must provide 3 months of documentation. If you believe the prior 3 months do not represent your typical income from this source, you may submit up to 6 months of documentation. The most recent agreement, award letter, or check must be dated within 30 days of your application submission date.

Section 7: Provider

You do not need to complete this section as part of your recertification.

Section 8: Certification

Sign the application in Section 8. In two parent/caretaker household, both signatures are required.