

66 John Street/8<sup>th</sup> Floor New York, New York 10038

Child.FamilyWellBeing@acs.nyc.gov www.nyc.gov/acs

#### <u>MEMORANDUM</u>

**To**: All Parents/Guardians Applying for Child Care Assistance

**Re**: Immigration Status

CERTAIN PROGRAMS REQUIRE PROOF THAT YOUR CHILD NEEDING CHILD CARE IS A U.S. CITIZEN, U.S. NATIONAL OR PERSON WITH SATISFACTORY IMMIGRATION STATUS.

YOU WILL NOT BE ASKED FOR THE IMMIGRATION STATUS FOR YOURSELF OR ANYONE ELSE IN THE HOUSEHOLD OTHER THAN THE CHILD(REN) IN NEED OF CHILD CARE.

If you have any questions or to obtain a list of subsidized early care and education programs that do not require proof of a child's citizenship or immigration status, please call the ACS Child and Family Well-Being Hotline at (212) 835-7610 or go to our website at http://www1.nyc.gov/site/acs/early-care/eligibility.page.



### **Application For Child Care Assistance**

Please read instructions (CFWB-012A) and review the document checklist (CFWB-012B) for assistance when completing this and for information on what documents are required.

**ATTENTION:** This application is used to apply only for Category 2 or 3\* child care assistance (for families not in receipt of cash assistance). To apply for Cash Assistance or other benefits, including Category 1 Child Care Assistance (for families in receipt of cash assistance), you must use the New York State Application for Certain Benefits and Services (LDSS-2921).

unless the section is identified as optional. If you do not complete all required sections of this form, you may not be considered for Child Care Assistance.

PLEASE NOTE: All sections of this form must be filled out to be considered complete The following applicants may be eligible for child care assistance without regard to income and do not need to complete this application:

- Foster parents who need child care assistance to allow them to work and are only applying for assistance for the foster child(ren).
- Families in receipt of protective or preventive services.

#### PLEASE PRINT IN ALL CAPITAL LETTERS

#### Refer to application instructions (CFWB-012A) for details

Change/Recertification Reopen

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Case #:

Application Date:

Last Name (Please include any aliase	s or maiden names in parentheses):		First Name:		M.I.: I	Marital Status:	
Home Address:	Apt. #: Ci	ity/Borough:	State:	ZIP Code:			
Is this a temporary address? Yes	No If yes, does family currently reside in (check one):	Homeless Shelter	Doubled-up with another family	Hotel/Motel	Car, Bus, Train	Park, Campsite	Other

Telephone (Work): Telephone (Home): Telephone (Cell or Other): Email:

Do you receive Cash Assistance? What is your primary language? Other No CA#: English Spanish What is your preferred language? English Spanish Other

Please list all children in your household needing child care. (Only children needing care)

CARE	Last Name	First Name	M.I.	Relationship	Date of Birth MM/DD/YY	Sex	Both of Child's Parents Reside in the Home?	Ethnicity Hispanic or Latino**	Race** (See legend below)	Social Security Number (Optional)	Child with a Disability?	Is child U.S. Citizen/ U.S. National/ or person with satisfactory immigration status?
NG	1.					□M □F	□Yes □No	□Yes □No			□Yes □No	□Yes □No
ZA EDII	2.					□M □F	□Yes □No	□Yes □No			□Yes □No	□Yes □No
ion	3.					□М□Г	□Yes □No	□Yes □No			□Yes □No	□Yes □No
ect N)	4.					□M □F	□Yes □No	□Yes □No			□Yes □No	□Yes □No
(RE	5.					□M □F	□Yes □No	□Yes □No			□Yes □No	□Yes □No
	6.					□M □F	□Yes □No	□Yes □No			□Yes □No	□Yes □No
Section 2A CHILD(REN) NEEDING	7.					□M □F	□Yes □No	□Yes □No			□Yes □No	□Yes □No
	8.					□M □F	□Yes □No	□Yes □No			□Yes □No	□Yes □No

<sup>\*</sup>Category 1: Families eligible for a child care guarantee – applying for or receiving Cash Assistance (CA), or receiving Child Care Assistance in lieu of CA or receiving transitional child care

Racial Affiliation Codes:

Native American or Alaskan Native

AS Asian

Black or African American

Native Hawaiian or Pacific Islander

**WH** White

Category 2: Families eligible when funds are available

Category 3: Families eligible when funds are available and ACS has included them in its Child and Family Services Plan

<sup>\*\*</sup>Providing ethnicity and race information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.



Please list all **other** members in your entire household (not listed in Section 2A) including children under age 18 who do **not** need child care. List yourself first, followed by everyone who lives with you.

	Last Name (Include any aliases or maiden names in parentheses)	First Name	M.I.	Relationship	Date of Birth MM/DD/YY	Sex	Ethnicity Hispanic or Latino**	Race** (See legend to the right)	Social Security Number (Optional)	For additional family members, please atta- a separate sheet. Include information for ar spouse, parent or caretaker of the children
<b>S</b> 2 1.				Self		□М□Г	□Yes □No			applying for care who lives in the home.
2.							□Yes □No			Racial Affiliation Codes:
3.						□М□Г	□Yes □No			AI Native American or Alaskan Native
≥ 4.						□М□Г	□Yes □No			AS Asian
5.						□М□Г	□Yes □No			<ul><li>BL Black or African American</li><li>HP Native Hawaiian or Pacific Islander</li></ul>
1. 2. 3. 4. 5. 6.						□М□Г	□Yes □No			<b>WH</b> White
7.						□М□Г	□Yes □No			
8.						□М□Г	□Yes □No			OFFICE USE ONLY Family Size:
» III	What is your reason for requesting Chi Employment		Is a parei US Milita	nt currently active du	ıty (full-time	in the				reiving and/or applying for child care throug

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**Employment Start Date:** 

Vocational Training/Educational Activities Receiving Domestic Violence Services Homelessness Is there a non-custodial parent available to provide child care? Yes No

Yes No

Is a parent currently a member of a National Guard or Military Reserve Unit?

No Yes

Does job have a rotating shift?

**a different application?** If yes please indicate the agency:

Department of Education (DOE)

Human Resources Administration (HRA)

Department of Youth and Community Development (DYCD)

Department of Homeless Services (DHS) Consortium for Worker Education (CWE)

**Applicant**'s Employer Name: Tel#: Address: City/Borough: ZIP Code: State: (if employment is reason for care) **Employment Start Date:** Does job have a rotating shift? No Does job require overtime (OT)? Yes If applicant has a second job Section 4
EMPLOYMENT **Employer Name:** Tel#: Address: City/Borough: State: ZIP Code: **Employment Start Date:** Does job have a rotating shift? No Does job require overtime (OT)? Second parent, caretaker or stepparent in the household **Employer Name:** City/Borough: Tel#: Address: ZIP Code: State: **Employment Start Date:** Does job have a rotating shift? Yes No Does job require overtime (OT)? Yes No If second parent, caretaker or stepparent in the household has a second job **Employer Name:** Tel#: Address: City/Borough: ZIP Code: State:

No Does job require overtime (OT)?



# Section 5 WORK/ACTIVITY/TRAVEL TIME SCHEDULE

Typical work/activity schedule (i.e., educational/vocational activity)

Sunday	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
from	to	from	to	from	to	from	to	from	to	from	to	from	to	

Typical work/activity schedule for second parent, caretaker or stepparent in the household

<b>Sunday</b> from	to	Monday from	<b>y</b> to	<b>Tuesda</b> from	<b>y</b> to	<b>Wednes</b> from	day to	<b>Thursda</b> from	<b>ay</b> to	<b>Friday</b> from	to	<b>Saturda</b> from	to

Travel Time Drop off: Travel time from the child care provider to work/activity?

Check one of the following: 15 minutes 30 minutes 45 minutes 1 hour Pick-up: Travel time from work/activity to the child care provider?

Check one of the following: 15 minutes 30 minutes 45 minutes 1 hour Spouse/Other Parent Drop off: Travel time from the child care provider to work/activity?

Check one of the following: 15 minutes 30 minutes 45 minutes 1 hour Pick-up: Travel time from work/activity to the child care provider?

Check one of the following: 15 minutes 30 minutes 45 minutes

Please complete the schedule below **only** if the parent has a second shift, job or activity

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
from	to	from	to	from	to	from	to	from	to	from	to	from	to

Please complete the schedule below **only** if the second parent, caretaker or stepparent in the household has a second shift, job or activity

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
from	to	from	to	from	to	from	to	from	to	from	to	from	to

More than 1 hour. Amount of time if more than 1 hour	Public Transportation?	Yes	No
More than 1 hour. Amount of time if more than 1 hour	Public Transportation?	Yes	No
More than 1 hour. Amount of time if more than 1 hour	Public Transportation?	Yes	No
More than 1 hour. Amount of time if more than 1 hour	Public Transportation?	Yes	No

Indicate if you or anyone who is applying with you receives money from the following sources. See checklist (CFWB-012B) for documentation requirements. PLEASE PRINT OFFICE USE ONLY **How often?** (weekly, biweekly, monthly, etc?) Who is the recipient? **Monthly Calculations** Sources Yes No **Gross Amount** Type of Documentation Applicant Wages/Salary, including overtime, commissions, training programs, tips Second parent, caretaker or stepparent in the household Wages/Salary, incl. overtime, commissions, training programs, tips Net Self-Employment Income Child Support Payments (received) Alimony/Spousal Support (received) Unemployment Insurance Benefits, Workers' Comp Social Security Benefits (including SSI) Disability Benefits (NYS, VA, Private) Rental/Boarder/Lodger Income (received) Dividends/Interest - Stocks, Bonds, Savings Retirement, Pensions/Annuities Ś Cash Assistance (CA) Grant, Safety Net Benefits Ś Other (please specify) Total Income \$

1 hour



Section 8
CERTIFICATION

If you qualify for Child Care Assistance funded by the New York State Child Care Block Grant, you have the option to choose: center-based or home-based child care. If you choose a provider that is not licensed or registered, the provider must be enrolled as a Legally-Exempt provider. Provide below the name(s) and address(es) of your choice of provider(s). You may list additional choices on an attached sheet.

Name: Program # (if applicable) Name: Program # (if applicable) Name: Program # (if applicable) Address: Address: Address:

- 1. I understand that the information contained on this form will be used to determine my or my family's eligibility for services/subsidy. 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 requested.
- 2. Social Security Numbers, if provided, may be used by federal, state, and local agencies to prevent duplication of services, fraud and for federal
- 3. I agree to inform the agency immediately of any change in my needs, income, address, living arrangement, household composition or address where care is provided, who is providing child care, provider fees and/or hours for which child care is needed.
- 4. I certify that the children indicated as needing child care are United States (U.S.) citizens, U.S. nationals, or persons with satisfactory immigration status. I understand that this information about these children 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 this information about these children 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 Assistance Program.
- 5. I understand that this application is used only for the expressed purpose of child care assistance. To obtain other assistance such as SNAP, Medicaid, Cash Assistance, or other services, additional applications will be required. However, this application and any information obtained as part of an investigation of this application may be shared with any City, State or Federal agency to which you apply or have applied for any other assistance or benefits.
- 6. 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 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.
- 7. I certify that my family resources do not exceed \$1,000,000.00.

It is the policy and commitment of the New York City Administration for Children's Services that it does not discriminate on the basis of race, creed, age, color, sex, religion, national origin, alienage or citizenship status, physical or mental disability, gender, gender identity, sexual orientation, pregnancy, marital or partnership status.

You may obtain information on your rights and responsibilities at http://otda.ny.gov/programs/applications/4148A.pdf

If you do not have access to the internet, you can call NYC ACS at (212) 835-7610 to request physical copies of the following booklets.

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

Certification: I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to NYC ACS relating to Child Care Assistance is correct. I have read and understand the notices both above and attached. I understand and agree to the above-listed certifications.

Please provide the signatures of both parents/caretakers if two parent/caretaker household.

Signature Parent/Caretaker:		Signature Second Parent/Caretaker:		Signature Authorized Representative:	
Print Name:	Date://	Print Name:	Date://	Print Name:	Date://

Section 9

FFICE ONLY

Authorized Days and Hours of Care:

		Tuesday		Wednesday		Thursday		Friday		Saturday	
from to from to	o from	to	from	to	from	to	from	to	from	to	

Fligibility	determined	and an	nroved h	v/	nrint a	and	initial)	
Eligibility	, determined	ariu ap	ipioved b	у (	рини	arra .	minuai).	•

Length of Eligibility from \_\_/\_\_ to \_\_/\_\_\_ Codes: RFC:

(Complete only if p	parent provides sed	cond shift/work/ac	tivity schedule in S	Section 5)
Sunday	Monday	Tuesday	Wednesday	Thursda

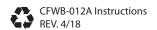
unday		Monday	/	Tuesday	/	Wednes	day	Thursda	ау	Friday		Saturda	ıy
rom	to	from	to	from	to	from	to	from	to	from	to	from	to

Authorized Days and Hours of Care for Second Shift/Work/Activity Schedule

Date: \_\_\_/\_\_\_/

FS:

PR:





#### Division of Child and Family Well-Being

# Instructions for Completing your Application for Category 2 or 3 Child Care Assistance\*

The availability of Child Care Assistance is dependent on funding from the Child Care Block Grant.

If there is no available funding, your child(ren) may be placed on the waiting list.

Dear Parent(s)/Caretaker(s),

#### THIS APPLICATION IS USED TO APPLY ONLY FOR CHILD CARE ASSISTANCE AS A CATEGORY 2 OR 3 FAMILY

If you are applying only for category 2 or 3 Child Care Assistance (for families not in receipt of cash assistance), you can use this shorter application. If you want to apply for other benefits such as Cash Assistance, Supplemental Nutrition Assistance Program (Food Stamps), Home Energy Assistance, Medicaid or other services, including category 1 Child Care Assistance (for families in receipt of cash assistance), please ask for the *New York State Application for Certain Benefits and Services* (LDSS-2921).

By submitting the Application for Child Care Assistance instead of the *New York State Application for Certain Benefits and Services* (LDSS-2921), you are applying for Child Care Assistance only in categories 2 and 3, i.e., when funds are available. You are not applying in category 1, guaranteed child care.

The following instructions are provided to assist you in completing your application. When completing your application, please remember to print clearly in block capital letters (A, B, C) using blue or black ink. Alternatively, you may complete the form electronically, save it, and print it.

This Application **must** include supporting documentation such as proof of income, proof of address, and proof of employment. **SEE THE ATTACHED SUBMISSION CHECKLIST (CFWB-012B) FOR ALL REQUIRED DOCUMENTS.** 

#### READ BEFORE COMPLETING APPLICATION

- ▶ If you receive preventive or protective child welfare services or you are an employed foster parent you may already be eligible for child care assistance and may not need to complete this application. Ask your case planner to make a referral for Child Care Assistance.
- ▶ If you receive cash assistance (CA), you should contact your Human Resources Administration (HRA) JOB Center for child care assistance.

PLEASE NOTE: If any required fields are left unanswered, the entire application will be considered incomplete.

#### OFFICE USE ONLY

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

- \*Category 1: Families eligible for a child care guarantee applying for or receiving Cash Assistance (CA), or receiving Child Care Assistance in lieu of CA or receiving transitional child care
- Category 2: Families eligible when funds are available
- Category 3: Families eligible when funds are available and ACS has included them in its Child and Family Services Plan





Please indicate at the top right whether you are submitting a **new application**, requesting a **change** of status/recertification, or requesting to **reopen** your case.

#### SECTION 1 APPLICANT

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

- 1. Print your Last and First Name, and middle initial. Please put any aliases or maiden names in parentheses.
- 2. Indicate your marital status (single, married, divorced or widowed).
- 3. Print your Home Address.
- 4. Indicate if address is temporary. Check "YES" only if the family is currently living in a homeless shelter, doubled-up with another family, in a hotel/motel, in a car/ bus/ train, in a park/campsite, or other.
- 5. Print your Telephone Numbers, including area code work, home, and cellular/other (if applicable).
- 6. Print your e-mail address (optional).
- 7. Check "YES" or "No" for Cash Assistance Status. (If you are a CA recipient, you should apply for child care through your Human Resources (HRA) Job Center worker).
- 8. Check the box for the language that is spoken most often in your household. If "other," print the name of the language.
- 9. Check the box for the language you prefer to communicate in. If "other," print the name of the language.
- ▶ DOCUMENTATION: See checklist (CFWB-012B) for documentation required for New York City Residency.

#### SECTION 2A CHILD(REN) NEEDING CARE

- 1. Print the last and first name, and middle initial of each child in the household for which you are applying for child care assistance.
- 2. For each child in the household, print their relationship to you (e.g. child).
- 3. Print the date of birth and check the box indicating the sex for each child listed.
- 4. Indicate whether both of the child's parents live in the home.
- 5. Check "YES" or "NO" to indicate if each child applying is Hispanic or Latino or not. Providing ethnicity information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- 6. Fill in the Race column for each child in need of child care. You may choose multiple race categories for a single child. Providing race information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency. Please use the codes below.

AI - Native American or Alaskan Native AS - Asian BL - Black or African American

**HP** - Native Hawaiian or Pacific Islander WH - White

- 7. Provide each child's Social Security Number (SSN). You are not required to provide SSNs. They may be used by federal, state, and local agencies to prevent duplication of services and fraud, and for Federal Reporting.
- 8. Check "YES" or "NO" to indicate whether the child needing child care has a disability<sup>1</sup>. If your child is determined eligible for child care assistance, please go to <a href="http://www1.nyc.gov/site/acs/early-care/forms.page">http://www1.nyc.gov/site/acs/early-care/forms.page</a> to obtain a Special Needs Application.
- 9. Check"YES"or"NO"to indicate whether the child needing child care is a U.S. citizen, U.S. national or person with satisfactory immigration status.
- 10. Attach a separate sheet for additional children (if you are requesting care for more than eight (8) children).
- ▶ DOCUMENTATION: See checklist (CFWB-012B) for documentation required for citizenship/immigration status only for the child(ren) needing child care.

A child with a disability or special needs is a child incapable of caring for himself or herself and who has been diagnosed as having one or more of the following conditions to such a degree that it adversely affects the child's ability to function normally: visual impairment, deafness or other hearing impairment, orthopedic impairment, emotional disturbance, mental retardation, learning disability, speech impairment, health impairment, autism or multiple handicaps. Any such diagnosis must be made by a physician, licensed or certified psychologist or other professional with the appropriate credentials to make such a diagnosis.





#### **SECTION 2B**

#### **FAMILY MEMBERS**

- 1. A family member is any other member in your entire household, including children who do not need child care. List yourself first, followed by everyone else who lives with you including child's second parent, caretaker and stepparent if applicable. Caretaker includes legal guardian, caretaker relative or any other person in loco parentis to the child. Print last and first name, and middle initial if applicable.
- 2. Print each person's relationship to you (e.g. spouse, partner, grandparent, parent, etc.).
- 3. Print the date of birth and and check the box indicating the sex for each person in the household.
- 4. Check "YES" or "NO" to indicate if each member in the household is Hispanic or Latino or not. Providing ethnicity information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- 5. Fill in the Race column for everyone who lives with you. You may choose multiple race categories for a single person. Providing race information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency. Please use the codes below.

AI - Native American or Alaskan Native

AS - Asian

**BL** - Black or African American

**HP** - Native Hawaiian or Pacific Islander

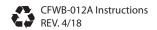
WH - White

- 6. Fill in the Social Security Number (SSN) for your family members. SSN is optional. SSN may be used by federal, state, and local agencies to prevent duplication of services and fraud, and for Federal Reporting.
- 7. If there are more than eight (8) household members, attach a separate sheet to list all their information.
- ► DOCUMENTATION: See checklist (CFWB-012B) for documentation required for all children in the household under age 18, regardless if child care is needed for the child, to verify the child's relationship to the parent/applicant and to verify the child's age.

#### **SECTION 3**

#### **CHILD/FAMILY NEEDS**

- 1. Please check the appropriate box(es) to indicate your reason(s) for requesting child care assistance.
  - Employment
  - · Vocational training, or educational activities
  - Receiving Domestic Violence Services
  - Looking for Work
  - Homelessness
- 2. Check "YES" or "NO" to indicate whether there is a non-custodial parent available to provide child care.
- 3. Check the appropriate box to indicate whether a parent is currently active full-time in the U.S. Military. You must check "YES" or "NO" for the application to be complete.
- 4. Check the appropriate box to indicate whether a parent is currently a member of a National Guard or Military Reserve Unit. You must check "YES" or "NO" for the application to be complete.
- 5. Indicate whether the applicant is receiving and/or applying for child care through a different agency and select the agency.
- ▶ DOCUMENTATION: See checklist (CFWB-012B) for documentation required for each reason for care. Documentation of military status is not required. An applicant must provide documentation of income received from their military duty.





#### SECTION 4 EMPLOYMENT

(Complete for each employed parent, caretaker or stepparent in the household if your reason for requesting child care assistance is employment or you are reporting income from employment)

- 1. Print the applicant's employer name, address, and telephone number.
- 2. Print the employment start date.
- 3. Check the appropriate box to indicate whether your job has a rotating shift and/or requires overtime.
- 4. If applicable, print the employer name, address and telephone number for second parent, caretaker or stepparent in the household.
- 5. If applicable, print the employment date of second parent, caretaker or stepparent in the household.
- 6. If applicable, check the appropriate box to indicate whether the second parent, caretaker or stepparent in the household has a rotating shift and/or requires overtime.
- ▶ DOCUMENTATION: See checklist (CFWB-012B) for documentation required for employment.

#### SECTION 5 WORK/ACTIVITY/TRAVEL TIME SCHEDULE

(Complete for each parent, caretaker or stepparent in the household who is employed or has an educational/vocational activity)

- 1. Print the typical scheduled work or activity hours for each day of the week. Indicate if hours are AM or PM.
- 2. If there is a second shift, job, or activity, print the schedule for that activity.
- 3. If applicable, print the typical scheduled work hours for each day of the week for the second parent, caretaker or stepparent in the household.
- 4. If the second parent, caretaker, or stepparent in the household has a second shift, job, or activity, print the schedule for that activity.
- 5. Check the time it takes for the applicant to travel to and from work/activity to provider.
- 6. Indicate if the applicant uses public transportation to travel to and from work/activity to provider.
- 7. If applicable, check the time it takes for the second parent, caretaker, or stepparent in the household to travel to and from work/activity to provider.
- 8. Indicate if the second parent, caretaker or stepparent in the household uses public transportation to travel to and from work/activity to provider.

#### SECTION 6 INCOME INFORMATION

For this section, answer only items for which you or a household member has earned income. Please include income/benefits information for yourself **and** any other adult household members including your spouse who lives with you,or an adult who lives with you and with whom you have a least one child in common. Also include any person under the age of 18 who is legally responsible for the child or children for whom child care assistance is sought.

- 1. Check (✔) Yes or No for yourself and anyone who lives with you for each kind of income.
- 2. For each "Yes" answer, PRINT the dollar (\$) amount or value, how often it is received, and the name of the person who gets the income.
- 3. All income must be reported on the application.
- 4. If you indicate receipt of cash assistance, you should apply for child care through your HRA Job Center worker.
- 5. If you are unsure where to list a type of income, you may include it under "other".
- ▶ DOCUMENTATION: See checklist (CFWB-12B) for documentation required for income.





#### SECTION 7 PROVIDER

- 1. If you qualify for child care assistance funded by the New York State Child Care Block Grant, you have the option to choose center-based or home-based child care.
- 2. If you know the provider/program where you would like to enroll your child please indicate the name, address, and ACS program number (if applicable).

#### SECTION 8 CERTIFICATION

Please read the certification section carefully and sign. If the applicant is completing the application for someone else, they must sign their own name. If two-parent household, **both parents must sign the application**.

By signing, you certify that your combined family resources do not exceed \$1,000,000. Examples of family resources are: cash, savings and checking accounts, your home, real estate, cars, stocks, bonds, mutual funds, IRAs, 401(k), annuity, trust fund, life insurance, safe deposit box contents, etc.

#### SECTION 9 FOR OFFICE USE ONLY

Do not complete this section. Staff who are determining your family's eligibility for care will use this.

#### **VOTER REGISTRATION INFORMATION**

The last page of the Application for Child Care Subsidy is an application to register to vote. If you would like help filling out the voter registration application form, call 311. Applying to register or declining to register to vote will not affect your eligibility for child care assistance or the amount of assistance that you will be given by this agency.

#### RIGHTS AND RESPONSIBILITIES INFORMATION

You may obtain information about your Rights and Responsibilities at: http://otda.ny.gov/programs/applications/4148a.pdf

If you do not have access to the internet, you can call NYC ACS at (212) 835-7610 to request physical copies of the booklets which highlight your Rights and Responsibilities be mailed to you.

- 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



#### **Child Care Assistance New Application Submission Checklist**

The Application for Child Care Assistance (CFWB-012) must include supporting documentation. Check to ensure that documentation is provided for each requirement of subsidy eligibility.

**APPLICATION** (CFWB-012)

Ensure all sections are completed, including:

If two-parent household, both parents signed Military status (Section 3) Travel time (Section 5)

NEW YORK CITY RESIDENCY

Copy of one of the following:

IDNYCUtility BillSection 8 Award LetterDriver's LicenseRent ReceiptNYCHA Certificate

Other

PLEASE NOTE: If "OTHER" documentation is not satisfactory, ACS will notify applicant.

#### 3 ONLY FOR CHILD(REN) NEEDING CHILD CARE: CITIZENSHIP/IMMIGRATION STATUS

Copy of **one** of the following:

US Birth Certificate Alien Registration Card including Permanent Resident or Green Card

US Passport Form FS-240 (Report of Birth Abroad of a U.S. Citizen)

Naturalization Certificate Other

PLEASE NOTE: If "OTHER" documentation is not satisfactory, ACS will notify applicant.

#### 4 CHILD'S RELATIONSHIP TO PARENT/APPLICANT

Copy of one of the following for all children in the household under age 18, regardless if child care is needed for the child:

Birth Certificate Adoption record

Baptismal record Court order for legal guardian with financial responsibility

Passport with parent signature

5 AGE

Copy of **one** of the following for **all** children in the household under age 18, regardless if child care is needed for the child:

Birth Certificate Adoption record
Baptismal record Alien Registration Card

**Passport** 

6 INCOME

All Applicants submitting CFWB-012 must provide documentation of income regardless of reason for care.

If Employed:

CFWB-015 - Referral to Employer for Employee Income Information

OR

Pay Stubs (Bi-weekly = Every 2 weeks; Semi-monthly = Twice a month)

Weekly – 4 current, consecutive pay stubs if gross amount is the same

Weekly – 12 current, consecutive pay stubs if gross varies

Bi-weekly/Semi-monthly – 2 current, consecutive pay stubs if gross amount is the same

Bi-weekly/Semi-monthly – 6 current, consecutive pay stub if gross varies

 $Please\ go\ to\ \underline{http://www1.nyc.gov/site/acs/early-care/forms.page}\ for\ forms\ and\ application\ instructions.$ 

For more information call 311 or 212-835-7610.



#### If Self-Employed:

If self-employed 1 year or more: current, complete and signed income tax package (ex. 1040, 1065, Schedule C, SE for partnership, K-1, etc.)

If self-employed less than 1 year, complete and submit CFWB-031 Self-Employment Income Information Attestation

#### Other Income:

Recent checks, pay stubs or current award letters required for other income identified by the applicant on the CFWB-012 including SSI, SSD, unemployment benefits, rental income, pensions, annuities, worker's compensation, alimony, and child support.

#### REASONS FOR CARE

Applicant must document **one** of the following reasons for care:

#### a) Working minimum of 20 hours or more per week:

See above under income for required documents regarding Employment and / or Self-employment.

#### b) Educational/Vocational activity:

2 Year College/Vocational School (**One** of the following)

CFWB-005 with School's stamp

A letter from the training institution on official letterhead is also acceptable, but must contain all necessary information reflected on the CFWB-005.

4 Year full time college student plus work

CFWB-015 OR Pay Stubs indicating work 17 ½ hours per week

#### **And one** of the following

CFWB-005 with school's stamp

A letter from the training institution on official letterhead is also acceptable, but must contain all necessary information reflected on the CFWB-005.

#### c) Looking for Work (One of the following):

CFWB-026 - Work Search Record

Approved Work Search Plan from the NYS Dept. of Labor

Proof of receipt of Unemployment Insurance

#### d) Homeless (One of the following):

Written Referral from Hotel/Shelter

CFWB-027 Housing Questionnaire/Attestation

#### e) Domestic Violence Referral (From Domestic Violence service provider):

Referral for services in response to domestic violence

Please go to <a href="http://www1.nyc.gov/site/acs/early-care/forms.page">http://www1.nyc.gov/site/acs/early-care/forms.page</a> for forms and application instructions. For more information call 311 or 212-835-7610.



# **New York State Voter Registration Form**

#### Register to vote

With this form, you register to vote in elections in New York State. You can also use this form to:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership

#### To register you must:

- be a US citizen:
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction:
- not claim the right to vote elsewhere.

#### Send or deliver this form

Fill out the form below and send it to your county's address on the back of this form, or take this form to the office of your County Board of Flections

Mail or deliver this form at least 25 days before the election you want to vote in. Your county will notify you that you are registered to vote.

#### Questions?

Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDD/TTY Dial 711)

Find answers or tools on our website www.elections.ny.gov

#### Verifying your identity

We'll try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you'll fill in below.

If you do not have a DMV or social security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form be sure to tape the sides of the form closed.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

Información en español: si le interesa ol formulario en español, llame al 1-800-36				식을 원하시면 으로 전화 하십시오.		মাপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে ০–367–8683 নম্বরে ফোন করুন
It is a crime to procure a fa	lse reg	istration or to furnish false information to the l	Board (	of Elections.	PI	ease print in blue or black ink.
Qualifications	2	Are you a citizen of the U.S.? Yes  If you answer No, you cannot register to vote  Will you be 18 years of age or older on or before election day? Yes  If you answer No, you cannot register to vote	□ N	lo	3 by the	For board use only e end of the year.
Your name	3	Last name First name				Suffix Middle Initial
More information Items 5, 6 & 7 are optional	6	Birth date   M M		5 Sex C 7 Email	] M	<u> </u>
The address where you live	8	Address (not P.O. box)  Apt. Number  City/Town/Village  New York State County	Zip	code	I I	
The address where you receive mail Skip if same as above	9	Address or P.O. box P.O. Box City/Town/Village	Zip	code		
Voting history	10	Have you voted before?  Yes	No		11	What year?
Voting information that has changed Skip if this has not changed or you have not voted before	12	Your name was Your address was Your previous state or New York State Co	ounty	was		
Identification You must make 1 selection For questions, please refer to Verifying your identity above.	13	<ul> <li>New York State DMV number</li> <li>Last four digits of your Social Security number</li> <li>I do not have a New York State driver's lice</li> </ul>				
Political party You must make 1 selection  Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.	14	I wish to enroll in a political party  Democratic party Republican party Conservative party Green party Working Families party Independence party Women's Equality party Reform party Other  I do not wish to enroll in a political party No party	16	<ul> <li>I am a</li> <li>I will h for at</li> <li>I mee to vot</li> <li>This is</li> <li>The a if it is</li> </ul>	a citizen nave live least 30 t all requ e in Nev s my sig bove inf not true	I swear or affirm that of the United States. In the county, city or village I days before the election. Uniterments to register by York State. In the box below. I normation is true, I understand that, I can be convicted and fined up didor jailed for up to four years.
Optional questions	15	☐ I need to apply for an Absentee ballot. ☐ I would like to be an Election Day worker.		Date		



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#### **BUSINESS REPLY MAIL** PERMIT NO. 4339 NEW YORK NY

POSTAGE WILL BE PAID BY ADDRESSEE

**BOARD OF ELECTIONS** 32 BROADWAY 7 FL NEW YORK NY 10275-0067

#### անիկերիակիրիդիիարներիկորհիների և բարգինանիցութ

UE\3.UE\3U.6\3U Forest Hills, NY 11375 118-35 Queens Boulevard, 11th Fl

**Gueens** 

PTel: 1,718.876.0079 Staten Island, NY 10305 1 Edgewater Plaza, 4 Fl Staten Island

761: 1.718.797.8800 Brooklyn, NY 11201 345 Adams Street, 4 Fl

Brooklyn

Tel: 1.212.886.2100 New York, NY 10014 200 Varick Street, 10 Fl Manhattan

1780 Grand Concourse, 5 Fl

**Borough Offices** 

7109.992.817.1 :I<sub>9</sub>T

Bronx, NY 10457

Bronx

Web Page: www.vote.ny.us su.yn.ɔyn.eod@ołninoitɔele :lism-∃ Phone Bank: 1.866.VOTE.NYC Tel: 1.212.487.5300 / 1.212.487.5400 New York, NY 10004-1609 32 Broadway, 7 Fl General Office

Board of Elections Borough Offices



## (Optional) Register to donate your organs and tissues

If you would like to be an organ and tissue donor, you may enroll in the NYS Department of Health (DOH)  $Donate\ Life^{TM}$  Registry online at  $www.nyhealth.gov \ \mbox{or provide}$  your name and address below.

You will receive a confirmation letter from DOH, which will also provide you an opportunity to limit your donation.



Last name	
First name	
Middle Initial Suffix	
Address	
Apt. Number	Zip code
City	
Birth date $   M_{\perp} M_{\parallel} I   D_{\perp} D_{\parallel} I   Y_{\perp} Y_{\perp} Y_{\perp} Y_{\parallel} Y_{\parallel} $	Sex M F
Eye color	Height Ft. In.

By signing	belov	V,
you certify	thaty	ou are

- 18 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to
- DOH for enrollment in the Registry;
  and authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.

Sign	Date