



## **DIVISION OF EARLY CARE AND EDUCATION**

### **INSTRUCTIONS FOR COMPLETING YOUR APPLICATION FOR CATEGORY 2 OR 3 CHILD CARE SUBSIDY**

The availability of Child Care Subsidies is dependent on funding from the Child Care Development Block Grant and 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, 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, please ask for the *Statewide Common Application* (LDSS-2921).

By submitting the *Application for Child Care Assistance* instead of the *Statewide Common Application* (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. 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. 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. Required documentation is indicated in the shaded boxes throughout these instructions.

#### **\*\*READ BEFORE COMPLETING APPLICATION\*\***

- ▶ If you receive child welfare services, Preventive or Protective, or you are an employed foster parent\* you should ask your case planner to make a Child Care Subsidy Referral.
  - \*If you are an unemployed foster parent, please complete the Child Care Subsidy Application without a Referral to request 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 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.

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. Please put any aliases or maiden names in parentheses.
2. Print your Home Address.
3. 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, or in a park/ campsite/other.
4. Print your Telephone Numbers, including area code – work, home, and cellular/other (if applicable).
5. Check YES or No Cash Assistance Status. (**If you are a CA recipient, you should apply for child care through your Human Resources (HRA) Job Center worker**).
6. Print the language that is spoken most often in your household. Check the box that applies. If “other,” Print the name of the language.

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

### SECTION 2 – FAMILY MEMBERS

Unless otherwise noted, in this section you must:

1. Print the last and first name of everyone who lives with you and any aliases or maiden names in parentheses.
2. For each person who is applying, print their relationship to you (e.g. self, spouse, my child’s parent, child, adopted child, foster child, sister, mother, etc.).



3. Check "YES" or "NO" to indicate whether the child listed requires child care.
4. Check "YES" or "NO" to indicate whether the child needing child care has a special need\*. If yes, you should contact the Special Needs Review Unit at 718-254-7364 to request a Special Needs Application, however, you must first complete the child care subsidy application and be determined eligible.

\*Generally speaking, a child with a disability means one of the following:

A child who is aged 3 through 9 years and experiencing developmental delays in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; OR

- a child who needs special education and related services due to one of the following: intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; OR
- a child who is under the age of 3 years and is eligible for Early Intervention Services; OR
- a child who is under the age of 13 years and who has a physical or mental impairment that substantially limits one or more major life activities.

5. Check "YES" or "NO" to indicate whether the child needing child care is an U.S. citizen or national or person with satisfactory immigration status.
6. Indicate whether both of the child's parents live in the home.
7. Print the date of birth and sex for each person who is applying. Those considered applying are the children in need of care, and their parents (including stepparents), and siblings under the age of 18 in the household.
8. Enter Y (Yes) or N (No) to indicate if each person applying is Hispanic or Latino or not.
9. Fill in the Race column for everyone who lives with you. You may choose multiple race categories for a single person. Please use the codes below.
  - a. **I** - Native American or Alaskan Native
  - b. **A** - Asian
  - c. **B** - Black or African American,
  - d. **P** - Native Hawaiian or Pacific Islander
  - e. **W** – White



10. Fill in the Social Security number (SSN) for your family members. SSN is optional.
11. Attach a separate sheet for additional household members (if there are more than six

DOCUMENTATION: Include one (1) of the following documents to verify the identity of each child listed under the age of 18: Copy of a birth certificate OR Baptismal record OR Passport OR Adoption record OR Alien registration card with applicant's signature on the copy.

### SECTION 3 – EMPLOYMENT

In this section, include employment information for parent(s)/caretaker(s) and/or the step-parent(s) in the household.

1. Print the Employer's name, address, and telephone number.
2. Check the appropriate box to indicate whether your job has a rotating shift and/or requires overtime.
3. Print the regular scheduled work hours for each day of the week.

### SECTION 4 – CHILD/FAMILY NEEDS

1. Please check the appropriate box(es) to indicate your reason for requesting a Child Care Subsidy.
  - Employment
  - Vocational training, or educational activities
  - Receiving Domestic Violence Services
  - Looking for Work
  - Homelessness

**Note:** *Preventive and Protective Services – Families, including employed foster parents, requesting child care for protective/preventive services are eligible for child care without regard to income and do not need to complete this application (see Section 1).*

2. Check "YES" or "NO" to indicate whether there is a non-custodial parent available to provide child care.
3. Indicate whether a parent/guardian is currently active full-time in the U.S. Military, or a member of the National Guard or Military Reserve.
4. Indicate whether the applicant is receiving and/or applying for child care through a different agency.



DOCUMENTATION Include one (1) of the following documents:

1. Employment –Paystubs/Income Verification Form (see Section 5)
2. Vocational Training, Educational Activities – Vocational Training/Educational Activities Verification Form – ECE-005.
3. Looking for Work—Documentation proving filing with the Department of Labor, whether applicant is receiving Unemployment Benefits or not.
4. Receiving Services for Domestic Violence – Domestic Violence Referral
5. Homelessness— Shelter address, if applicant indicates they are living in doubled up housing. District will need to assess information provided by the applicant.

## **SECTION 5 – OTHER INCOME/EARNINGS**

Please include income/benefits information for yourself AND anyone applying with you. This includes children in need of care, their parents, step-parent and any additional children under the age of 18 in your 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. Spouse/Other Parent – Applicant and/or other parent living in the home and/or children under 18 living in the home:
  - 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).
3. Alimony and/or Child Support, Unemployment and/or Worker's Compensation, Self-Employment
  - 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.
4. Rental/Boarders/Lodgers Income—received
  - a. If you receive income from renting/boarding/ lodging
  - b. Provide your pre-tax income from each source and indicate how frequently you collect the income.
5. 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. If you receive one or more of these benefits, combine the benefits from each source and indicate the total in the Gross Income column.
  - c. Include documentation for each income source.
6. 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
  - a. Paystubs
    - i. Bi-weekly or Semi-Monthly - last two (2) current and consecutive pay stubs (if pay does not fluctuate); last six (6) current and consecutive pay stubs (if pay fluctuates)
    - ii. Weekly – last 4 current and consecutive pay stubs (if pay does not fluctuate); last 12 current and consecutive pay stubs (if pay fluctuates)
    - iii. ECE-015 Form - Referral to Employer for Income Information (accepted only when pay stubs are unavailable or insufficient)
2. Unemployment – Benefits Rate Letter
3. 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. Statement of income if self-employed less than three months (including: date business began, net income, gross income, itemized deductions, and an attestation that all information is true and accurate to the best of your knowledge).
  - c. Accountants statement if self-employed between three months and one year
4. Social Security, Disability, Retirement, Pensions, Annuities, Worker's Compensation, SSI – Copy of recent checks, or current award letters
5. Cash Assistance ID Card



## SECTION 6 – PROVIDER

1. If you qualify for a Child Care Subsidy funded by the New York State Child Care Development Block Grant, you have the option to choose center-based care, legally exempt group, informal care, or family child care.
2. If you know the name/ address of the provider/program where you would like to enroll your child please indicate the name, address, and ACS program number (if applicable). Definitions of care are below.
  - 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; however to receive a child care subsidy payment they must be enrolled through the applicable enrollment agency.
  - b. Legally Exempt Group Child Care – Child care provided by caregivers which are not required to be licensed or registered with the department or licensed by the City of New York, but which meet all applicable State or local requirements for such child care programs.
  - c. Family based Child Care – Care by a licensed or registered provider for a small number of children in their 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; however to receive a child care subsidy payment they must be enrolled through the applicable enrollment agency.
3. Indicate the time it takes for the applicant and spouse/other parent to travel to and from work/activity to provider. Indicate mode of transportation, i.e.: bus, subway, car, etc.

## SECTION 7– CERTIFICATION AND SIGNATURE

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 8 – 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, ask your worker. 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.

**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 & 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*