

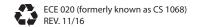
Income From Employment And Other Sources

Name:	Case Number:

INCOME

Answer all questions listed below.

Indicate if you or anyone living with you receives income from:	Yes	No	Gross Amount	Start Date	Period (ex. weekly, monthly, etc.)	Type of Documentation (e.g., paystubs, Social Security award letter, CS 1069, etc.)	Identify Who Received Income
Employment/self-employment including overtime, commissions, training programs, tips.							
Child Support Payments (received)							
Alimony/Support (received)							
Unemployment Insurance Benefits							
Social Security Benefits (including SSI)							
Disability Benefits (NYS,VA, Private)							
Rental/Boarders/Lodgers Income (received)							
Retirement/Pension/Annuities							
Dividends/Interest Stocks, Bonds, Savings							
Cash or monetary assistance through Temporary Assistance to Needy							
Other (please specify)							



EMPLOYMENT

Include employment information for applicant below.

Parents'/Caretakers' Employer Name:

Address: City/Borough: State: Zip Code:

Regular Work Schedule:

Sunday	Sunday Monday		Monday Tuesday		Wednesday		Thursday		Friday		Saturday		Total hours per	
from	to	from	to	from	to	from	to	from	to	from	to	from	to	week

Travel time between child care provider and work/education/other activity

Drop-Off Travel time from child care provider to work/activity: Travel mode:

Pick-Up Travel time from work/activity to the child care provider:

Travel mode:

Include employment information for spouse/other parent/guardian below.

Second Parent's/Caretaker's Employer Name:

Address: City/Borough: State: Zip Code:

Regular Work Schedule:

Sunday	Sunday Monday		y Monday Tuesday We		Wednesday		Thursday		Friday		Saturday		Total hours per	
from	to	from	to	from	to	from	to	from	to	from	to	from	to	week

Travel time between child care provider and work/education/other activity

Drop-Off Travel time from child care provider to work/activity:

Travel mode: **Pick-Up** Travel time from work/activity to the child care provider:

Travel mode:

Authori	For Office Use Only Authorized days and hours of care													
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Tota											Total hours			
from	to	from	to	from	to	from	to	from	to	from	to	from	to	per week
ACS Ap	ACS Approvals by: Eligibility (print name): Date:											:		
Parent Fee (print name):											Date	:		
Length	of eligib	n			(Codes: RI	FC	PR		FS				