

## 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).

**Please Note:** All sections of this form must be filled out to be considered complete 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.

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.

**Refer to application instructions (CFWB-012A) for details**    New    Change/Recertification    Reopen

<b>OFFICE USE ONLY</b>	Case #: _____	Application Date: _____
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<b>Section 1 - Applicant</b>	Last Name (Please include any aliases or maiden names in parentheses): _____		First Name: _____		M.I.: _____	Marital Status: _____
	Home Address: _____		Apt. #: _____	City/Borough: _____	State: _____	ZIP Code: _____
	Is this a temporary address? <input type="radio"/> Yes <input type="radio"/> No <i>If yes, does family currently reside in (check one):</i> <input type="radio"/> Homeless Shelter <input type="radio"/> Doubled-up with another family <input type="radio"/> Hotel/Motel <input type="radio"/> Car, Bus, Train <input type="radio"/> Park, Campsite <input type="radio"/> Other					
	Telephone (Work): _____		Telephone (Home): _____	Telephone (Cell or Other): _____	Email: _____	
	Do you receive Cash Assistance? <input type="radio"/> Yes <input type="radio"/> No CA#: _____		What is your primary language? <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other _____			
		What is your preferred language? <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other _____				

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

<b>Section 2 Child(ren) Needing Care</b>	Name (Last, First)	M.I.	Relationship	D.O.B.	Gender	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?
	1.										
2.											
3.											
4.											
5.											
6.											
7.											
8.											

\* 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

\*\* 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.

Racial Affiliation Codes:  
**AI** Native American or Alaskan Native  
**AS** Asian  
**BL** Black or African American  
**HP** Native Hawaiian or Pacific Islander  
**WH** White

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.

Section 2B Family Members	Name ( Last, First) <i>(Include any aliases or maiden names in parentheses)</i>	M.I.	Relationship	D.O.B.	Gender	Ethnicity Hispanic or Latino**	Race** <i>(See legend to the right)</i>	Social Security Number <i>(Optional)</i>
	1.			Self				
	2.							
	3.							
	4.							
	5.							
	6.							
	7.							
	8.							

For additional family members, please attach a separate sheet. Include information for any spouse, parent or caretaker of the children applying for care who lives in the home.

Racial Affiliation Codes:

- AI** Native American or Alaskan Native
- AS** Asian
- BL** Black or African American
- HP** Native Hawaiian or Pacific Islander
- WH** White

**OFFICE USE ONLY** Family Size: \_\_\_\_\_

Section 3 Child/Family Needs	What is your reason for requesting Child Care Assistance? <input type="radio"/> Employment <input type="radio"/> Vocational Training/Educational Activities <input type="radio"/> Receiving Domestic Violence Services <input type="radio"/> Looking for Work <input type="radio"/> Homelessness <input type="radio"/> Participating in an approved substance abuse treatment program Is there a non-custodial parent available to provide child care? <input type="radio"/> Yes <input type="radio"/> No	Is a parent currently active duty (full-time) in the US Military? <input type="radio"/> Yes <input type="radio"/> No  Is a parent currently a member of a National Guard or Military Reserve Unit? <input type="radio"/> Yes <input type="radio"/> No	Is the applicant receiving and/or applying for child care through a different application? <i>If yes please indicate the agency:</i> <input type="radio"/> Department of Education (DOE) <input type="radio"/> Human Resources Administration (HRA) <input type="radio"/> Department of Youth and Community Development (DYCD) <input type="radio"/> Department of Homeless Services (DHS) <input type="radio"/> Consortium for Worker Education (CWE) <input type="radio"/> Administration for Children's Services (ACS)
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Section 4 - Employment (if employment is reason for care)	<b>Applicant's Employer Name:</b> _____ <b>Tel#:</b> _____ <b>Address:</b> _____ <b>City/Borough:</b> _____ <b>State:</b> _____ <b>ZIP Code:</b> _____ Employment Start Date: _____ Does job have a rotating shift? <input type="radio"/> Yes <input type="radio"/> No     Does job require overtime (OT)? <input type="radio"/> Yes <input type="radio"/> No <i>If applicant has a second job</i>
	<b>Applicant's Employer Name:</b> _____ <b>Tel#:</b> _____ <b>Address:</b> _____ <b>City/Borough:</b> _____ <b>State:</b> _____ <b>ZIP Code:</b> _____ Employment Start Date: _____ Does job have a rotating shift? <input type="radio"/> Yes <input type="radio"/> No     Does job require overtime (OT)? <input type="radio"/> Yes <input type="radio"/> No
	<b>Second parent, caretaker or stepparent in the household</b>
	<b>Applicant's Employer Name:</b> _____ <b>Tel#:</b> _____ <b>Address:</b> _____ <b>City/Borough:</b> _____ <b>State:</b> _____ <b>ZIP Code:</b> _____ Employment Start Date: _____ Does job have a rotating shift? <input type="radio"/> Yes <input type="radio"/> No     Does job require overtime (OT)? <input type="radio"/> Yes <input type="radio"/> No
	<i>If second parent, caretaker or stepparent in the household has a second job</i>
	<b>Applicant's Employer Name:</b> _____ <b>Tel#:</b> _____ <b>Address:</b> _____ <b>City/Borough:</b> _____ <b>State:</b> _____ <b>ZIP Code:</b> _____ Employment Start Date: _____ Does job have a rotating shift? <input type="radio"/> Yes <input type="radio"/> No     Does job require overtime (OT)? <input type="radio"/> Yes <input type="radio"/> No

Section 5  
Work/Activity/Travel Time Schedule

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

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

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
from	to	from	to	from	to	from	to	from	to	from	to	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  More than 1 hour. Amount of time if more than 1 hour \_\_ Public Transportation?  Yes  No

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

Spouse/Other Parent: Travel time from the child care provider to work/activity?  
Check one of the following:  15 minutes  30 minutes  45 minutes  1 hour  More than 1 hour. Amount of time if more than 1 hour \_\_ Public Transportation?  Yes  No

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

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

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

Section 6 Income Information	Sources	Yes /No	Gross Amount	How often? (weekly, biweekly, monthly, etc?)	Who is the recipient?	OFFICE USE ONLY	
						Type of Documentation	Monthly Calculations
	Applicant Wages/Salary, including overtime, commissions, training programs, tips		\$		Self		
	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		\$				
	Cash Assistance (CA) Grant, Safety Net Benefits		\$				
	Other (please specify):		\$				
	<b>Total Income</b>		\$				

**Section 7 Provider**

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: \_\_\_\_\_

**Section 8 Certification**

- 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.
- Social Security Numbers, if provided, may be used by federal, state, and local agencies to prevent duplication of services, fraud and for federal reporting.
- 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.
- 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.
- 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.
- 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.
- 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, alien-age 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 Parent/Caretaker: \_\_\_\_\_ Signature Parent/Caretaker: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 9 Office Only**

Authorized Days and Hours of Care:

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

Eligibility determined and approved by (print and initial): \_\_\_\_\_  
 Length of Eligibility from \_\_\_\_\_ to \_\_\_\_\_ Codes: RFC: \_\_\_\_\_ PR: \_\_\_\_\_ FS: \_\_\_\_\_

Authorized Days and Hours of Care for Second Shift/Work/Activity Schedule  
 (Complete only if parent provides second shift/work/activity schedule in Section 5)

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

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

## Additional Children (if applicable)

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

Section 2 Child(ren) Needing Care	Name (Last, First)	M.I.	Relationship	D.O.B.	Gender	Both of Child's Parents Reside in the Home?	Ethnicity Hispanic or Latino**	Race** <i>(See legend below)</i>	Social Security Number <i>(Optional)</i>	Child with a Disability?	Is child U.S. Citizen/ U.S. National/ or person with satisfactory immigration status?
	9.										
	10.										
	11.										
	12.										
	13.										
	14.										
	15.										
	16.										
	17.										
	18.										
	19.										
	20.										
	21.										
	22.										
	23.										
	24.										
	25.										
	26.										
	27.										
28.											

\* 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

\*\* 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.

Racial Affiliation Codes:  
**AI** Native American or Alaskan Native  
**AS** Asian  
**BL** Black or African American  
**HP** Native Hawaiian or Pacific Islander  
**WH** White

## Additional Family Members (if applicable)

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.

Section 2B Family Members	Name ( Last, First) <i>(Include any aliases or maiden names in parentheses)</i>	M.I.	Relationship	D.O.B.	Gender	Ethnicity Hispanic or Latino**	Race** <i>(See legend to the right)</i>	Social Security Number <i>(Optional)</i>
	9.							
	10.							
	11.							
	12.							
	13.							
	14.							
	15.							
	16.							
	17.							
	18.							
	19.							
	20.							
	21.							
	22.							
	23.							
	24.							
	25.							
	26.							
	27.							
28.								

For additional family members, please attach a separate sheet. Include information for any spouse, parent or caretaker of the children applying for care who lives in the home.

Racial Affiliation Codes:  
**AI** Native American or Alaskan Native  
**AS** Asian  
**BL** Black or African American  
**HP** Native Hawaiian or Pacific Islander  
**WH** White

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**OFFICE USE ONLY** Family Size: \_\_\_\_\_

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### Additional Providers (if applicable)

<b>Provider</b>	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): _____
<b>Provider</b>	Address: _____					
	Name: _____	Program # (if applicable): _____	Name: _____	Program #(if applicable): _____	Name: _____	Program #(if applicable): _____
<b>Provider</b>	Address: _____					
	Name: _____	Program # (if applicable): _____	Name: _____	Program #(if applicable): _____	Name: _____	Program #(if applicable): _____
<b>Provider</b>	Address: _____					
	Name: _____	Program # (if applicable): _____	Name: _____	Program #(if applicable): _____	Name: _____	Program #(if applicable): _____
<b>Provider</b>	Address: _____					
	Name: _____	Program # (if applicable): _____	Name: _____	Program #(if applicable): _____	Name: _____	Program #(if applicable): _____
<b>Provider</b>	Address: _____					

### Income Notes

## 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.

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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.**

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**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 <http://www1.nyc.gov/site/acs/early-care/forms.page> 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.

<sup>1</sup> 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 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
    - Participating in an approved substance abuse treatment program
  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.

### 1. APPLICATION (CFWB-012)

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Ensure all sections are completed, including:

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

### 2. NEW YORK CITY RESIDENCY

---

Copy of one of the following:

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="radio"/> Driver's License                             | <input type="radio"/> NYCHA Certificate  | <input type="radio"/> Current lease |
| <input type="radio"/> IDNYC  | <input type="radio"/> Utility Bill with your current address (e.g. electricity, gas, heating, oil, water, WiFi/internet, cable or landline phone)* |                                     |
| <input type="radio"/> Section 8 Award Letter                       | <input type="radio"/> Rent or mortgage statement with address*   |                                     |
| <input type="radio"/> CFWB-067 Residency Attestation               | <input type="radio"/> CFWB-027 Housing Attestation with address listed   |                                     |
| <input type="radio"/> Shelter Residency Letter with address listed | <input type="radio"/> Other _____  |                                     |

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

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

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

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Copy of one of the following:

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

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

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

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

- |  |  |
|--|--|
| <input type="radio"/> Birth Certificate              | <input type="radio"/> Adoption record  |
| <input type="radio"/> Baptismal record               | <input type="radio"/> Court order for legal guardian with financial responsibility |
| <input type="radio"/> Passport with parent signature | <input type="radio"/> Other (Please complete Caretaker Attestation CFWB-058)       |

### 5. AGE

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

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

## 6. INCOME

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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 <https://www1.nyc.gov/site/acs/early-care/forms.page> page for forms and application instructions.

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

### If Self-Employed:

- 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.

## 7. REASONS FOR CARE

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Applicant must document one of the following reasons for care:

**a. Working minimum of 10 hours per week earning at least minimum wage:**

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

**b. Educational/Vocational activity:**

Vocational School, 2 Year College, or 4 Year College (one of the following)

- CFWB-005 with School's stamp
- A letter from the training or educational 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):**

- 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. Domestic Violence Referral (From Domestic Violence service provider):**

- Referral for services in response to domestic violence

**f. Substance Abuse Treatment Program Referral (From Substance Abuse Treatment service provider):**

- Referral for services to treat substance abuse

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

The City of New York  
Administration for Children's Services  
Division of Child and Family Well-Being  
66 John Street, 7<sup>th</sup> Floor  
New York, New York 10038



### **How to Submit Your Application**

Please complete the Application for Child Care Assistance (CFWB-012) collect all required documentation to verify family size, residency, income, and reason for care. Make sure to use the application checklist to ensure your application is complete before submitting.

Once complete, please send your application and documentation to the address below for processing:

NYC Children – EDU  
PO Box 40  
Maplewood, NJ 07040

All documents should be sent by US Postal Service. Documents cannot be sent by Fedex or UPS to a PO Box.

If you have questions about the application, please call the ACS Child Care Call Center at 212-835-7610.





## MEMORANDUM

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

**Re:** Immigration Status

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

[Child.FamilyWellBeing@acs.nyc.gov](mailto:Child.FamilyWellBeing@acs.nyc.gov)  
[www.nyc.gov/acs](http://www.nyc.gov/acs)

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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>.



# NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

- YES** If you checked **YES**, please complete the **VOTER REGISTRATION APPLICATION** below
- NO** because I choose not to register **OR**
- I am already registered at my current address **OR**
- I asked for and received a mail registration form

*If you do not check any box, you will be considered to have decided not to register to vote at this time.*

Signature \_\_\_\_\_

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

Please Print Name \_\_\_\_\_

### Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

## VOTER REGISTRATION APPLICATION (instructions on back)

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink**  Yes, I would like to be an Election Day worker

<b>1</b>	<b>Are you a U.S. citizen?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If you answered NO, do not complete this form</small>	<b>2</b>	<b>A) Will you be 18 years old on or before election day?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If you answered NO to both of the prior questions, you cannot register to vote.</small>	<b>For Board Use Only</b>		
<b>3</b>	Last Name _____ First Name _____ Middle Initial _____ Suffix _____					
<b>4</b>	Address where you live (do not give P.O. box) _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____					
<b>5</b>	Address where you get your mail (if different than above) _____ P.O. Box, Star Route, etc. _____ Post Office _____ Zip Code _____					
<b>6</b>	Date of Birth _____	<b>7</b>	Gender (optional) _____	<b>8</b>	Telephone (optional) _____	Email (optional) _____
<b>10</b>	The last year you voted _____	Your address was (give house number, street and city) _____		<b>9</b>	<b>ID Number</b> (Check the applicable box and provide your number) <input type="checkbox"/> New York State DMV number _____ <input type="checkbox"/> Last four digits of your Social Security number _____ <input type="checkbox"/> I do not have a New York State DMV or Social Security number	
<b>11</b>	<b>Political Party</b> <b>I wish to enroll in a political party</b> <input type="checkbox"/> Democratic party <input type="checkbox"/> Republican party <input type="checkbox"/> Conservative party <input type="checkbox"/> Working Families party <input type="checkbox"/> Other _____ <b>I do not wish to enroll in any political party and wish to be an independent voter</b> <input type="checkbox"/> No party				<b>12</b>	<b>Affidavit: I swear or affirm that</b> <ul style="list-style-type: none"><li>• I am a citizen of the United States.</li><li>• I will have lived in the county, city or village for at least 30 days before the election.</li><li>• I will meet all requirements to register to vote in New York State.</li><li>• This is my signature or mark on the line below.</li><li>• The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.</li></ul> Signature or Mark in ink _____ Date _____ / _____ / _____

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

Last Name		
First Name	Middle Initial	Suffix
Address		
Apt Number	City/Town/Village	Zip Code
Birth Date	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Eye Color	Height _____ Ft. _____ In.	
Email	DMV or ID NYC Number	

By signing below, you certify that you are:

- 16 years of age or older
- Consent 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 NYS Donate Life Registry for enrollment;
- And authorizing the Registry to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health hospitals upon your death.



Signature \_\_\_\_\_

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

## Qualifications for Registration

## Important!

### You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment;
- pre-register to vote if you are 16 or 17 years of age.

### To Register You Must:

- be a U.S. citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere; and
- not found to be incompetent by a court.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections

40 North Pearl St, Suite 5

Albany, NY 12207-2729

Telephone: 1-800-469-6872;

TDD/TTY users contact the New York State Relay at 711;

or visit our web site - [www.elections.ny.gov](http://www.elections.ny.gov)

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

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## Verifying your identity

We will 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 will fill in Box 9.

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.

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

## To complete this form:

**It is a crime to procure a false registration or to furnish false information to the Board of Elections.**

*Box 9:* You must make one selection. For questions refer to Verifying your identity above.

*Box 10:* If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

*Box 11:* Check one box only. 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.