

Division of Child and Family Well-Being
**Instructions for Completing your Application for
Category 2 Child Care Assistance***

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

Dear Parent(s)/Caretaker(s),

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

If you are applying only for category 2 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 category 2, 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

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 disability¹. 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.

¹ A child with a disability or special needs is a child incapable of caring for himself or herself and who has been diagnosed by a physician, licensed or certified psychologist or other professional with the appropriate credentials to make such a diagnosis, as having one or more of the following conditions to such a degree that special education or related services are required, in accordance with section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401), part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794): visual impairment, deafness or other hearing impairment, orthopedic impairment, emotional disturbance, intellectual disability, learning disability, speech impairment, health impairment, autism, multiple disabilities, traumatic brain injury, deaf-blindness, or other health impairment.

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. Print your gender identity. You may provide the word(s) that best describes your gender identity. Your gender identity is how you define and call yourself – whether male, female, a blend of both or neither. Your gender may or may not align with your sex assigned at birth. This is an optional question, and your answer or choice not to answer will not impact your eligibility.
 5. 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.
 6. 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	
 7. 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.
 8. 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. Mark () 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 Assistance 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