

## 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						

**Employment**

Include employment information for applicant below.

Parents'/Caretakers' Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Borough: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Regular Work Schedule:

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

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

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: \_\_\_\_\_

**For Office Use Only**

Authorized days and hours of care

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

ACS Approvals by: Eligibility (print name): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Fee (print name): \_\_\_\_\_ Date: \_\_\_\_\_

Length of eligibility from \_\_\_\_\_ to \_\_\_\_\_ Codes: RFC \_\_\_\_\_ PR \_\_\_\_\_ FS \_\_\_\_\_