NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HOW TO COMPLETE THE *APPLICATION FOR CHILD CARE ASSISTANCE*

CATEGORIES OF CHILD CARE ASSISTANCE IN THE NEW YORK STATE CHILD CARE BLOCK GRANT PROGRAM
  1) Families eligible for a child care guarantee – applying for or receiving Public Assistance (PA), or receiving Child Care Assistance in lieu of PA or receiving transitional child care
  2) Families eligible when funds are available
  3) Families eligible when funds are available and the Department of Social Services has included them in its Child and Family Services Plan

THIS APPLICATION IS USED TO APPLY <u>ONLY</u> 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 Public 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.

APPLYING FOR CHILD CARE ASSISTANCE
  - You can file an application the same day you receive it. If you are eligible, benefits may be provided back to the date you filed your application.
  - You can file your application in person or by mail.
  - We will accept your application if it contains, at a minimum, your name, address, and a signature. However, the application must be completed for us to determine your eligibility.

HOW TO COMPLETE THE APPLICATION
  - The directions and application are numbered by section to help you.
  - Please PRINT clearly.
  - DO NOT PRINT IN THE SHADED AREAS.
  - COMPLETE each section.
  - If you are applying as someone's representative, please print information about that person.

WHERE TO TURN IN THE APPLICATION
  - The Department of Social Services (DSS) of the county that you live in.

Make sure you have been given copies of:
  - **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*

These booklets contain important information about your rights and responsibilities.

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SECTION 1. APPLICANT'S INFORMATION

- **NAME:** PRINT your legal name including your first name, middle initial and last name. Include any aliases or maiden names.
- **PHONE NUMBER:** PRINT your phone number, including area code.
- **RESIDENCE ADDRESS:** PRINT the full street address, including apartment, city, state, and zip code, where you **now** live.
- **MAILING ADDRESS:** If you get your mail somewhere other than where you live, PRINT that address here.
- **FORMER ADDRESS:** If you have moved in the last year, PRINT your previous address(es). If you need more space, use section 10 on page 4 or attach additional sheets of paper as needed.
- **OTHER PHONE NUMBERS:** If you can be reached at another phone number, PRINT that phone number here.
- **MARITAL STATUS:** Check the box that describes your marital status **now**.
- **PRIMARY LANGUAGE:** What language is spoken most often in your household? Check the box that applies. If "other", PRINT the name of the language.

SECTION 2. HOUSEHOLD MEMBER INFORMATION

LIST THE NAMES OF EVERYONE WHO <u>LIVES WITH YOU</u>, EVEN IF THEY ARE NOT APPLYING WITH YOU.

FOR <u>EVERY PERSON,</u> COMPLETE THE FOLLOWING:

- **NAME:** PRINT your name first, then the names of the other people who live with you. Include aliases and maiden names.
- **DATE OF BIRTH AND SEX:** 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.
- **RELATIONSHIP:** For each person who is applying, PRINT their relationship to you (for example: husband, wife, son, foster child, friend, boyfriend, girlfriend, roomer, boarder, etc.).
- **SOCIAL SECURITY NUMBER:** You may, but do not have to, list Social Security numbers. Social Security numbers may be used by federal, state, and local agencies to prevent duplication of services, prevent and detect fraud, and for federal reporting.
- **HISPANIC/LATINO:** Enter Y (Yes) or N (No) to indicate if each person applying is Hispanic or Latino or not.
- **RACE:** Enter Y (Yes) or N (No) for each of the race codes.

  I - Native American or Alaskan Native, **A** - Asian, **B** - Black or African American, **P** - Native Hawaiian or Pacific Islander, **W** – White.

FOR <u>EVERY CHILD</u> IN THE HOUSEHOLD, ALSO ANSWER YES OR NO FOR THE FOLLOWING:

- **CHILD IS U.S. CITIZEN:** Enter Y (Yes) or N (No) to tell us whether each child who needs Child Care Assistance is a *U.S. citizen or national or person with satisfactory immigration status*.
- **CHILD CARE NEED:** Enter Y (Yes) or N (No) to tell us whether each child needs child care.
- **CHILD WITH DISABILITY:** Enter Y (Yes) or N (No) to tell us whether each child has a disability or not. 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

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• **CHILD WITH DISABILITY (Cont.):**	• 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.
• **BOTH PARENTS IN HOME:**	Enter Y (Yes) or N (No) to tell us whether both parents of each child live in the household (for each child).

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SECTION 3. OTHER HOUSEHOLD INFORMATION

The questions in the section apply to the applicant <u>AND</u> any other adult household members who are applying for Child Care Assistance with you—

that means your husband or wife who lives with you, or an adult who lives with you and with whom you have at least one child in common.

CHECK YES OR NO FOR EACH OF THE FOLLOWING:

• **CHILD CARE FOR WORK:**	Check (✓) Yes or No to tell us whether you and/or the second applicant need child care so that you can work.
• **CHILD CARE FOR OTHER REASON:**	Check (✓) Yes or No to tell us whether you and/or the second applicant need child care for a reason other than work. If yes, what is the reason?
• **HOMELESS:**	Check (✓) Yes or No to tell us whether your family has a fixed, regular, adequate place to stay at night.
• **MILITARY:**	Check (✓) Yes or No to tell us whether a parent in the household is serving full-time in the U.S. Military.
• **MILITARY RESERVE:**	Check (✓) Yes or No to tell us whether a parent in the household is a member of a National Guard or Military Reserve unit.
• **PUBLIC ASSISTANCE:**	Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for Public Assistance (PA).
• **OTHER CHILD CARE FUNDS:**	Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for other help paying for child care.
• **PREGNANT:**	Check (✓) Yes or No to tell us whether you and/or the second applicant are pregnant. If yes, what is the due date?

SECTION 4. HOUSEHOLD MEMBERS UNDER THE AGE OF 21 WHOSE PARENT IS NOT IN THE HOUSEHOLD

• PRINT the names of household members under the age of 21, and the name and address of their absent parents.

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

• **EMPLOYER INFORMATION:**	PRINT the name, address, and phone number of where you work.
• **JOB INFORMATION:**	Complete this section about your job: When did you start? How many hours do you work? How much are you paid and how often? Does your schedule vary? Do you work overtime? What is your schedule?

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SECTION 6. OTHER EMPLOYMENT INFORMATION

- **WHOSE JOB INFORMATION?:** Indicate whether the employment information here is for the applicant or the spouse/other parent.
- **EMPLOYER INFORMATION:** PRINT the name, address, and phone number of where your spouse or the other parent works.
- **JOB INFORMATION:** Complete this section about your spouse's or the other parent's job: When did he/she start? How many hours does he/she work? How much is he/she paid and how often? Does his/her schedule vary? Does he/she work overtime? What is his/her schedule?

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SECTION 7. INCOME INFORMATION

- Check (✓) Yes or No for yourself <u>and</u> anyone who lives with you for each kind of income.
- 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.
- **All income must be reported on the application**.
- Some examples of "other" kinds of income are: retirement benefits and workers' compensation.

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE LOCATION AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY

- **DROP-OFF TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from the child care provider to work, educational, or other approved activity after drop-off. Check yes or no to indicate whether public transportation is used.
- **PICK-UP TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from work, educational, or other approved activity to the child care provider for pick-up. Check yes or no to indicate whether public transportation is used.

SECTION 9. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW

READ THIS SECTION CAREFULLY or have someone read it to you.

- 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.

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SECTION 10. CERTIFICATION AND SIGNATURE

- **SIGNATURE:** SIGN your name and date. *If you have filled out the application for someone else, sign your own name.*
- **SECOND APPLICANT'S SIGNATURE:** If your husband or wife lives with you, both of you **must** sign the application. If an adult lives with you with whom you have at least one child in common, both of you **must** sign the application.

SECTION 11. IF YOU WANT TO WITHDRAW YOUR APPLICATION

If you decide you no longer want to apply for Child Care Assistance, sign your name and enter the date. You may reapply at any time.

NOTE: 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, ask your eligibility examiner. 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.