



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.

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OFFICE USE ONLY	Case #:				Ap	plication Date: _						
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Telephone (Work): Do you receive Cash	Assistance? O Yes O No CA#:					nat is your primai at is your preferr						
Please list all children in your plants all children in yo	our household needing child care. (Only chil		eding care) 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?	U.S. Natio with sa	U.S. Citizen/ nal/ or person atisfactory ition status?
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Name (Last, First) (Include any aliases or maiden names in parentheses)



For additional family members, please attach

a separate sheet. Include information for any

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.

M.I. Relationship D.O.B. Gender Hispanic or

Ethnicity

Race**

(See legend

Social Security

Number (Optional)

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Fan	5.								HP	Native Hawaiian or Pacific Islander
	6.								WH	White
	7.								OFFIC	E USE ONLY Family Size:
	8.									
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. 3 Needs		Yes No				_	s please indicate			
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section Family	Receiving Domestic Violence Services			6 N (1 10 1 N)	urces Administration (F					
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	O res O NO						Auministratio	II for Children's Service	25 (ACS)	
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	Employment Start Date:	Does job have	a ro	otating shift? O Yes O	No	Does job re	quire overti	me (OT)? O Yes	O No	
t care)	If applicant has a second job									
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Section 4 - Employment iployment is reason for o	Employment Start Date:	Does job have	a ro	otating shift? O Yes O	No	Does job re	quire overti	me (OT)? O Yes	O No	
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Section 4 employment	Employment Start Date:	Does job have	a ro	otating shift? O Yes O	No	Does job re	quire overti	me (OT)? O Yes	O No	
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	Employment Start Date:	Does job have	a ro	otating shift? O Yes O	No	Does job re	quire overti	me (OT)? O Yes	O No	





Typical work/activity schedule (i.e., educational/vocational activity)											Please complete the schedule below only if the parent has a second shift, job or activity																
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Sources	Yes /No	Gross Amount	How often? (weekly, biweekly, monthly, etc?)	Who is the recipient?	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)		\$				
Net Self-Employment Income Child Support Payments (received) Alimony/Spousal Support (received) Unemployment Insurance Benefits, Workers' Comp Social Security Benefits (including SSI)		\$				
Unemployment Insurance Benefits, Workers' Comp		\$				
Social Security Benefits (including SSI)		\$				
Disability Benefits (NYS, VA, Private) Rental/Boarder/Lodger Income (received)		\$				
Rental/Boarder/Lodger Income (received)		\$				
Dividends/Interest – Stocks, Bonds, Savings		\$				
Retirement, Pensions/Annuities		\$				
Cash Assistance (CA) Grant, Safety Net Benefits		\$				
Other (please specify):		\$				
Tota	al Income	\$				



Length of Eligibility from

to _



~ ~	If you qualify for Child Care Assistance funded by the New York State Chi enrolled as a Legally-Exempt provider. Provide below the name(s) and ad-				ensed or registered, the provider must be
Section 7 Provider	Name: Program # (if applicable):			Name:	Program #(if applicable):
Sec	Address:	Name:Address:		Address:	
Section 8 Certifi ation	 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. It is the policy and commitment of the New York City Administratio physical or mental disability, gender, gender identity, sexual orient You may obtain information on your rights and responsibilities at Information on the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet, you can call NYC Adaptive access to the Internet you can call NYC Adaptive access	other services, additional applications will be requany information obtained as part of an investigation with any City, State or Federal agency to which you assistance or benefits. In for Children's Services that it does not discretion, pregnancy, marital or partnership statustic, pregnancy, pregnancy, marital or partnership statustic, pregnancy, pregnancy, marital or partnership statustic, pregnancy, preg	dry immigration status. dren may be submitted to the verification of immigration status, if sclosure of this information about exations directly connected with the tration or enforcement of provisions of the expressed purpose of child care NAP, Medicaid, Cash Assistance, or uired. However, this application and on of this application may be shared on apply or have applied for any other riminate on the basis of race, cress. Appdf Depies of the following booklets of Know About Social Services P give to NYC ACS relating to Chil	eligibility, or if you cause someone else not to continuing eligibility. Penalties also apply if yo initial or continuing eligibility for Child Care As facts that would affect the right of someone, for to receive Child Care Assistance. If you are the of someone else, Child Care Assistance must is unlawful to obtain Child Care Assistance by information. 7. I certify that my family resources do not exceed eed, age, color, sex, religion, national originals. Irograms; LDSS-4148C: What You Should Care Assistance is correct. I have read a Signature Parent/Caretal	tance, or when you are questioned about your tell the truth regarding your application or you conceal or fail to disclose facts regarding your assistance; or if you conceal or fail to disclose for whom you have applied, to obtain or continue ne authorized representative applying on behalf to be used for that person and not yourself. It y concealing information or providing false and \$1,000,000.00. Igin, alien-age or citizenship status, Id Know If You Have an Emergency diand understand the notices both above the status.
	Print Name: Date:	Print Name:	Date	e: Print Name:	Date:
	Authorized Days and Hours of Care:			Care for Second Shift/Work/Activity School shift/work/activity schedule in Section 5)	edule
9 Vlu	Sunday Monday Tuesday Wednesday Thui	sday Friday Saturday	Sunday Monday	Tuesday Wednesday Thursday	Friday Saturday
Section 9 Office Only	from to from to from to from	to from to from to	from to from to	from to from to from to	from to from to
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	Eligibility determined and approved by (print and initial):				

_PR:

FS:

Codes: RFC:





Additional Children (if applicable)

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

	Name (Last, First)	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?
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Section 2 Child(ren) Needing Care	14.									
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^{*} 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

Racial Affiliation Codes:

Al Native American or Alaskan Native

AS Asian

BL Black or African American

HP Native Hawaiian or Pacific Islander

WH White

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.





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.

	Name (Last, First) (Include any aliases or maiden names in parentheses)	Relationship	Gender	Ethnicity	Race** (See legend to the right)	Social Security Number (Optional)
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Section 2B Family Members	16.					
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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:

Native American or Alaskan Native

AS Asian

BL Black or African American

HP Native Hawaiian or Pacific Islander

WH White

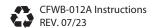
OFFICE USE ONLY Family Size:





Additional Providers (if applicable)

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er			lock Grant, you have the option to choose: cent of your choice of provider(s). You may list addit		choose a provider that is not licensed	for registered, the provider must be
Provider	Name:	Program # (if applicable):	Name:	Program #(if applicable):	Name:	Program #(if applicable):
Ā	Address:		Address:		Address:	
der	Name:	Program # (if applicable):	Name:	Program #(if applicable):	_ Name:	Program #(if applicable):
Provider	Address:		Address:		Address:	
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Provider	Address:		Address:		Address:	
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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.

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.**

READ BEFORE COMPLETING APPLICATION

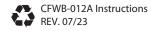
- ▶ If you receive preventive or protective child welfare services or you are an employed foster parent you may already be eligible for child care assistance and may not need to complete this application. Ask your case planner to make a referral for Child Care Assistance.
- ▶ If you receive cash assistance (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

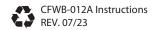
- 1. Print the last and first name, and middle initial of each child in the household for which you are applying for child care assistance.
- 2. For each child in the household, print their relationship to you (e.g. child).
- 3. Print the date of birth and check the box indicating the sex for each child 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 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.

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 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

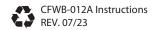
- 6. Fill in the Social Security Number (SSN) for your family members. SSN is optional. SSN may be used by federal, state, and local agencies to prevent duplication of services and fraud, and for Federal Reporting.
- 7. If there are more than eight (8) household members, attach a separate sheet to list 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

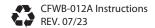
(Complete for each parent, caretaker or stepparent in the household who is employed or has an educational/vocational activity)

- 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



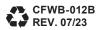


Child Care Assistance New Application Submission Checklist

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. A l	PPLICATION (CFWB	3-012)				
Ensu	re all sections are com	pleted,	including:			
(If two-parent househ	old, bot	h parents signed	Military statu	s (Section 3)	Travel time (Section 5)
2. N	EW YORK CITY RES	SIDEN	CY			
Сору	of one of the following	g:				
Ŏ [DNYC Driver's License NYCHA Certificate	O Rei	ity Bill (should be curre nt Receipt or Lease WB-067 Residency	e (rent receipt should be Attestation	Other	
3. O	NLY FOR CHILD(RE	N) NE	EDING CHILD CA	ARE: CITIZENSI	HIP/IMMIGRAT	TION STATUS
(((of one of the following US Birth Certificate US Passport Form Naturalization Certif PLEASE NOTE: If "OTHER HILD'S RELATIONS	icate R" docui	FS-240 (Repor	t of Birth Abroad o	of a U.S. Citizen	sident or Green Card)
Сору	of one of the following	for all	children in the hous	sehold under age	18, regardless if	child care is needed for the child:
	Birth CertificateBaptismal recordPassport with paren	t signat	Adoption recorCourt order for ure		th financial resp	onsibility
5. A (GE					
(Birth CertificateBaptismal recordPassport	g for all	children in the hous O Adoption recor O Alien Registrat	rd	18, regardless if	child care is needed for the child:
	COME					
	pplicants submitting CF	FWB-01	2 must provide doc	cumentation of inco	ome regardless	of reason for care.
OR (nployed: CFWB-015 - Referra Pay Stubs (Bi-weekl) Weekly – 4 current, Weekly – 12 current Bi-weekly/Semi-mor	ly = Eve consec , conse nthly – 2	ry 2 weeks; Semi-r utive pay stubs if gr cutive pay stubs if g current, consecuti	monthly = Twice a ross amount is the gross varies ve pay stubs if gro	month) same ess amount is th	e same

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 1 year or more: current, complete and signed income tax package (ex. 1040, 1065, Schedule C, SE for partnership, K-1, etc.)
 If self-employed less than 1 year, complete and submit CFWB-031 Self-Employment Income Information Attestation
Other Income:
Recent checks, pay stubs or current award letters required for other income identified by the applicant on the CFWB-012 including SSI, SSD, unemployment benefits, rental income, pensions, annuities, worker's compensation, alimony, and child support.
7. REASONS FOR CARE
Applicant must document one of the following reasons for care:
a. Working minimum of 10 hours per week earning at least minimum wage:
O 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
O Approved Work Search Plan from the NYS Dept. of Labor
O Proof of receipt of Unemployment Insurance
d. Homeless (One of the following):
○ Written Referral from Hotel/Shelter
○ CFWB-027 Housing Questionnaire/Attestation
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): O 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, 7th 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.



<u>MEMORANDUM</u>

To: All Parents/Guardians Applying for Child Care Assistance

Re: Immigration Status

66 John Street/8th Floor New York, New York 10038

Child.FamilyWellBeing@acs.nyc.gov www.nyc.gov/acs 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.



Email

NYS Agency-Based Voter Registration Form

_				_		
	you are not registered to vote where you ke to apply to register here today?"			, ,	Important! Applying to register or declining to registe	er to vote will not affect the
$ \vdash$	YES If you checked YES, please complete the VOTER REGISTRATION APPLICATION	If you anv h	do not check ox, you will		amount of assistance that you will be prov	
	NO because I choose not to register OR	De co	onsidered to		If you would like help filling out the voter r we will help you. The decision whether to	
┟늗		to rea	decided not ister to vote		You may fill out the application form in pri	
╽╞	I am already registered at my current addre I asked for and received a mail registration f	at a	this time.		Información en español: si le interesa obtene	er este formulario en español,
-	Trasked for and received a main registration i	01111			llame al 1-800-367-8683	
		/	1		中文資料:若您有興趣索取中文資料表材	各,請電: 1-800-367-8683
Si	gnature	Date		-	한국어: 한국어 한국어 양식을 원하시면 1-8	00-367-8683
					으로 전화 하십시오.	
PI	ease Print Name			-	যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান ত	হিলে 1-800-367-8683
					নম্বরে ফোন করুন	
	VOTER REG	ISTRATI	ON AP	PL	ICATION (instructions on back)	<u> </u>
ПΑ	es, I need an application for an Absentee Ballot					like to be an Election Day worker
	Are you a U.S. citizen?				n or before election day? TYES NO	For Board Use Only
		B) Are you years of a	u at least 16 ye ge on or befor	ears re ele	of age and understand that you must be 18 ction day to vote, and that until you will the time of such election your registration nd you will be unable to cast a ballot in any	For Board Ose Only
1	☐ YES ☐ NO	2 be eighte will be ma	en years of ag arked "pendin	je at ig" a	the time of such election your registration nd you will be unable to cast a ballot in any	
	If you answered NO , do not complete this form	election?	swered NO to b	oth o	☐ YES ☐ NO f the prior questions, you cannot register to vote.	
	Last Name Firs	st Name			Middle Initial Suffix	
3						
4	Address where you live (do not give P.O. box)	Α	pt. No.		City/Town/Village Zip Code	County
Ľ						
5	Address where you get your mail (if different than about	ve)	P.O. Box, Sta	r Rou	ite, etc. Post Office	Zip Code
_		1 1-, ,	/ ·: 1)		I = 1/ .: 0	
6	Date of Birth Gender (optional)	8 Telephone	e (optional)		Email (optional)	
\vdash	The last year you voted Your address was (give ho	use number, stre	et and city)		ID Number (Check the applicable bo	x and provide your number)
1				9	☐ New York State DMV number — —	
10	In county/state Under the name (if differe	nt from your nam	ne now)	9	Last four digits of your Social Security	number — — — —
					☐ I do not have a New York State DMV or	Social Security number
	Political Party				Affidavit: I swear or affirm that	
	I wish to enroll in a political party				I am a citizen of the United States.	
	☐ Democratic party				 I will have lived in the county, city or villa the election. 	age for at least 30 days before
	☐ Republican party				I will meet all requirements to register to	
11	☐ Conservative party ☐ Working Families party			12	This is my signature or mark on the line l	
	Other				 The above information is true, I understa convicted and fined up to \$5,000 and/or 	
	I do not wish to enroll in any political party and wish	to be an indepen	dent voter			, ,
	☐ No party				Signature or Mark in ink	Date
	pu ,				Signature of Walk III IIIK	Date
_	(Ontional) Re	egister ta	donat	e ,	our organs and tissues	
	-	-g.5to. tt	1	_	•	DONATE
Last	Name		'	•	pelow, you certify that you are:	
First	t Name Middle Initia	l Suffix			of age or older	ILIFE
					to donate all of your organs and tissues for ntation, research, or both;	New York State
Add	ress				ing the Board of Elections to provide your na	
Ant	Number City/Town/Village	Zip Code			ng information to NYS Donate Life Registry for Porizing the Registry to allow access to this in	
, with	Oity, Town, Vinago		orga	n pr	ocurement organizations and NYS-licensed	tissue and eye banks and others
Birth	h Date Gender M	F	appr	rove	d by the NYS Commissioner of Health hospita	ais upon your death.
F		ш г	4			1 1
∟ye	Color Height	Ft. In.	<u>C:</u>	. o.t		/ / Date
			Sign	ıatur	⊌	Date

DMV or ID NYC Number

Qualifications for Registration

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.

Important!

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

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.

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.