



## **DIVISION OF EARLY CARE AND EDUCATION** **INSTRUCTIONS FOR COMPLETING YOUR APPLICATION FOR CHILD CARE SUBSIDY**

Dear Parent/Caretaker(s),

The following instructions are provided to assist you in completing your application. Please read the instructions very carefully. When completing your application, please remember to print clearly in block capital letters (A, B, C) using blue or black ink. Or, you can 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. Required documentation is indicated in the shaded boxes throughout these instructions.

### **OFFICE BOX**

Gray shaded boxes are for office use only. Please **do not write** anything in these sections.

**Please indicate at the top** whether you are submitting a new application, or requesting a change of status/recertification or requesting reopening of your case

### **SECTION 1 – APPLICANT**

#### **STOP –**

- ***If you receive child welfare services, Preventive or Protective, or you are an employed foster parent you should ask your case planner to make a Child Care Subsidy Referral using form ECE-001.***
- ***If you receive cash assistance, you should contact your Human Resources Administration (HRA) JOB Center for child care assistance.***

The applicant is the adult parent or caretaker requesting care. Unless otherwise noted, this section must contain the following information for the applicant only:

- 1) Last and First Name. Please put any aliases or maiden names in parentheses.
- 2) Address (home).
- 3) Indicate if address is temporary. Check “YES” only if the family is currently living in a homeless shelter, or doubled-up with another family, in a hotel/motel, in a car/ bus/ train, or in a park/ campsite/other.
- 4) Telephone Numbers – work, home, and cellular/other (if applicable).
- 5) Cash Assistance Status. (If you are a CA recipient, you should apply for child care through your Human Resources (HRA) Job Center worker).
- 6) Primary Language.

**DOCUMENTATION:** Include (1) of the following as proof of address: 1) Utility bill (gas, electricity or telephone), 2) Rent receipts, 3) Section 8 award letter, 4) NYCHA certificate 5) Municipal IDNYC.

### **SECTION 2 – FAMILY MEMBERS**

Unless otherwise noted, in this section you must:

- 1) List the last and first name of everyone who lives with you and any aliases or maiden names in parentheses.
- 2) Fill in your relationship with everyone living in the home (e.g. self, spouse, my child’s parent, child, adopted child, foster child, sister, mother, etc.).
- 3) Check “YES” or “NO” to indicate whether this family member requires child care.
- 4) Check “YES” or “NO” to indicate whether the child needing child care has a special need. If yes, you should contact the Special Needs Review Unit at 718-254-7354 to request a Special Needs Application.
- 5) Check “YES” or “NO” to indicate whether the child needing child care is an U.S. citizen or legal Resident.

- 6) Check "YES" or "NO" to indicate whether both of the child's parents live in the home.
- 7) Fill in the Date of Birth, Sex, Ethnicity, and Race columns for everyone who lives with you. You may choose multiple Race categories for a single person.
- 8) Fill in the Social Security number (SSN) for your family members. SSN is optional. .
- 9) Attach a separate sheet for additional household members (if there are more than six).

**DOCUMENTATION:** Include (1) of the following to verify the identity of all children under 18: 1) Copy of a birth certificate, 2) Baptismal record, 3) Passport, 4) Alien registration card with your signature on the copy.

### SECTION 3 – EMPLOYMENT

In this section, include employment information for parents and/or the step-parent in the household.

- 1) Employer's name, address and telephone number.
- 2) Indicate the regular scheduled work hours for each day of the week.
- 3) Check to indicate whether your job has a rotating shift and/or requires overtime.

### SECTION 4 – CHILD/FAMILY NEEDS

1. Please, check the appropriate box to indicate your reason for requesting a Child Care Subsidy.
  - Employment
  - Vocational training, or educational activities (excluding four year college)
  - Receiving Domestic Violence Services

**Note:** *Preventive and Protective Service – Families, including employed foster parents, requesting child care for protective/preventive services are eligible for child care without regard to income and do not need to complete this application (see Section 1) .*

- 2) Check "YES" or "NO" to indicate whether there is a non-custodial parent available to provide child care

**DOCUMENTATION** (You must document any reason for care other than employment independent of income documentation):

REASON FOR CARE (Section 4):

Include (1) of the following if you are applying for child care for a reason other than current employment:

- 1) Employment –Paystubs/Income Verification Form (see Section 5)
- 2) Vocational Training, Educational Activities (excluding degree programs offering higher than an Associate Degree)– Vocation Training Verification Form - CS-1082.
- 3) Receiving Services for Domestic Violence – Domestic Violence Referral Form

## SECTION 5 – EARNINGS AND OTHER INCOME

Please include income/benefits information for yourself AND anyone applying with you. (This includes children in need of care, their parents, step-parent and any additional children under age 18 in household.)

- 1) Earnings – Applicant/Spouse/Other Parent:
  - a) Check one box to indicate whether you are paid weekly, biweekly, semi-monthly, or other.
  - b) Provide your gross income per pay period (pre-tax income).
  - c) Include documentation (see below for a list of acceptable documentation).
- 2) Other Income – Applicant and/or other parent living in the home and/or children under 18 living in the home:
  - a) If you receive alimony and/or child support, unemployment and/or worker's compensation, have a net income from self-employment and/or rental income, indicate how frequently you collect that income.
  - b) Provide your pre-tax income from each source and indicate how frequently you collect the income.
  - c) Include documentation for each income source.
- 3) Benefits – Applicant and/or other parent living in the home and/or children under 18 living in the home:
  - a) If you receive Social Security, SSI, Disability, Retirement and/or Pensions and Annuities, and/or other income/benefits, indicate how frequently you collect that income.
  - b) Provide your pre-tax income from each source and indicate how frequently you collect the income.
  - c) Include documentation for each income source.
- 4) Other Income/Benefits – Applicant and/or other parent living in the home and/or children under 18 living in the home:
  - a) Check all applicable boxes to indicate whether you collect specific income/benefits.
  - b) You do not need to include documentation or specific amounts.

### DOCUMENTATION:

Include all of the following for yourself AND anyone applying with you to verify your income/benefits:

- 1) Employment  
Pay Stubs
  - Bi-weekly or Semi-Monthly - last two (2) current and consecutive pay stubs (if pay does not fluctuate); last six (6) current and consecutive pay stubs (if pay fluctuates)
  - Weekly – last 4 current and consecutive pay stubs (if pay does not fluctuate); last 12 current and consecutive pay stubs (if pay fluctuates)CS 1069 Form - Referral to Employer for Income Information (accepted only when pay stubs are unavailable or insufficient)
- 2) Unemployment – Benefits Rate Letter
- 3) Self Employment
  - a) Business and Personal income tax returns are required if you are self-employed (IRS 1040 and schedules C and SE for sole proprietorship, and IRS 1040, 1065, Schedules K-1 and SE for partnership)
  - b) Notarized statement of income if self-employed less than three months
  - c) Accountants statement if self-employed between three months and one year
- 4) Social Security, Disability, Retirement, Pensions, Annuities, Worker's Compensation, SSI – Copy of recent checks, or current award letters
- 5) Cash Assistance ID Card



## SECTION 6 – PROVIDER

- 1) If you qualify for a Child Care Subsidy funded by the New York State Child Care Development Block Grant, you have the option to choose center-based care, informal care, or family child care.
- 2) If you know the name/ address of the provider/program where you would like to enroll your child please indicate the name, address, and ACS program number (if applicable).
  - a) Center Based Care – Child care and education in centers that care for groups of children together in classrooms. Please note that center based care programs operated by religious schools or in public schools on their premises do not have to be licensed or registered.
  - b) Family Child Care – Care by a licensed provider for a small number of children in his/her own home.
  - c) Informal Care – Friends, relatives, or neighbors caring for one or two children. Please note that informal care providers do not have to be licensed or registered.

## SECTION 7– CERTIFICATION AND SIGNATURE

Please read the certification section carefully and sign. If the applicant is completing the application for someone else, he/she must sign his/her own name.

## SECTION 8 – For Office Use Only

Do not complete this section. Staff in determining your family's eligibility for care will use this.

You may obtain information on your rights and responsibilities online at:

**<http://otda.ny.gov/main/programs/applications/414A.pdf>**