

Application For Child Care Subsidy

Read instructions CS-925A for assistance when completing this application and for information on what documents are required.

PLEASE PRINT IN ALL CAPITAL LETTERS

New Change/Recertification Reopen

OFFICE USE ONLY Case #: Application Date:

Section 1 APPLICANT	Last Name <i>(Please include any aliases or maiden names in parentheses):</i>			First Name:			M.I.:					
	Home Address:			Apt. #:	City/Borough:	State:	ZIP Code:					
	Is this a temporary address? Yes No			If yes, does family currently reside in <i>(check one)</i> :			Homeless Shelter	Doubled-up with another family	Hotel/Motel	Car, Bus, Train	Park, Campsite	Other
	Telephone (Work):			Telephone (Home):			Telephone (Cell or Other):					
	Do you receive Cash Assistance? Yes No			CA#:			What is your primary language?					

Please fill out the information below for your entire household. List yourself first, followed by everyone who lives with you.

Section 2 FAMILY MEMBERS	Last Name <small><i>(Include any aliases or maiden names in parentheses)</i></small>	First Name	M.I.	Relationship	Does This Person Need Child Care?	Does Child Have Special Needs?	Is Child US Citizen / Legal Resident?	Both of Child's Parents Reside in the Home?	Date of Birth MM/DD/YY	Sex	Ethnicity Hispanic or Latino	Race <small><i>(See legend below)</i></small>	Social Security Number <small><i>(Optional)</i></small>	
	1.				Self						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	2.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	3.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	4.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	5.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No					
	6.					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Race: **1** Native American or Alaskan Native **2** Asian **3** African American/ Black **4** Native Hawaiian/Pacific Islander **5** Caucasian/ White

For additional family members, please attach a separate sheet. Include information for any spouse/other parent of the children applying for care who lives in the home.

OFFICE USE ONLY Family Size:

Section 3 EMPLOYMENT	Applicant's Employer Name:			Address:			City/Borough:			State:	ZIP Code:	Tel#:																				
	Regular Work Schedule	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th>Sunday</th><th>Monday</th><th>Tuesday</th><th>Wednesday</th><th>Thursday</th><th>Friday</th><th>Saturday</th><th>Total hours per week</th> </tr> <tr> <td>from to</td><td>from to</td><td>from to</td><td>from to</td><td>from to</td><td>from to</td><td>from to</td><td></td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	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										Does job have a rotating shift? Yes No			Does job require O/T? Yes No		
	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																									
	Spouse/Other Parent's Employer Name:			Address:			City/Borough:			State:	ZIP Code:	Tel#:																				
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from to	from to	from to	from to	from to	from to	from to																										

Section 4 CHILD/ FAMILY NEEDS	What is your reason for requesting a Child Care Subsidy?		<p>Note: Families requesting a Child Care Subsidy and are receiving protective/preventive services or are employed foster parents are eligible for child care without regard to income and do not need to complete this application. Refer to application instructions for details.</p>
	Employment Vocational Training Educational Activities <i>(excluding degree programs offering higher than an Associate Degree)</i> Receiving Domestic Violence Services		
	Is there a non-custodial parent available to provide child care? Yes No		



Please complete income information for yourself AND anyone applying with you. See instructions for documentation requirements. PLEASE PRINT
(This includes children in need of care, their parents, step-parent and any other children under the age of 18 in household.)

Section 5 OTHER INCOME EARNINGS	Item	Gross Income	OFFICE USE ONLY	
			Type of Documentation	Monthly Calculations
	Applicant: Job earnings before deductions. Weekly Bi-weekly Semi-monthly Other	\$		
	Spouse/Other Parent: Job earnings before deductions. Weekly Bi-weekly Semi-monthly Other	\$		
	Alimony and/or child support (received). Weekly Bi-weekly Semi-monthly Other	\$		
	Unemployment and/or worker's compensation. Weekly Bi-weekly Semi-monthly Other	\$		
	Net income from self-employment and/or rental income. Weekly Bi-weekly Semi-monthly Other	\$		
	Benefits: Social Security, SSI, Disability, Retirement and/or Pensions & Annuities. Weekly Bi-weekly Semi-monthly Other	\$		
Other Income/Benefits (check all that apply): Cash Assistance (CA) Housing voucher or cash assistance Medicaid SNAP Other federal cash income programs (such as SSI).	\$			
Total Income	\$			

**Section 6
PROVIDER**

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. Provide below the name(s) and address(es) of preferred provider(s). You may list additional choices on an attached sheet.

Name:	Program # (if applicable)	Name:	Program # (if applicable)	Name:	Program # (if applicable)
Address:		Address:		Address:	

**Section 7
CERTIFICATION**

1. 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 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.

2. The social security numbers (if provided) will not be released as they are confidential under federal law and can be released/used only for the purposes specified in federal law.

3. I agree to inform the agency immediately of any change in my income, 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. New York State and Federal Laws provide that any applicant may be fined, jailed or both if found guilty of obtaining child care assistance/subsidy by concealing or falsifying information.

4. I understand that this application is used only for the expressed purpose of child care subsidy. To obtain other assistance such as SNAP, Medicaid, Cash Assistance, or other services, additional applications will be required. However, this application and any information obtained as part of an investigation of this application may be shared with any City, State or Federal agency to which you apply or have applied for any other assistance or benefits.

5. I certify under the penalty of law that all the information I have supplied on this form is true and correct.

6. I understand that the availability of Child Care Subsidies is dependent on funding, and if there is no available funding, my child maybe be placed on the waiting list.

Please provide the signature of the parent/caretaker who is applying for child care assistance or the signature of an authorized representative.

Signature Parent/Caretaker: _____ Date: ___/___/___ Signature Authorized Representative: _____ Date: ___/___/___

Print Name: _____ Print Name: _____

**Section 8
OFFICE ONLY**

Authorized Days and Hours of Care:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
from to	from to	from to	from to	from to	from to	from to

Enrollment Application Completed by (print and initial): _____ Date: ___/___/___

ACS – Eligibility Approved by (print and initial): _____ Date: ___/___/___

Parent Fee (initial): _____ Date: ___/___/___

Length of Eligibility from ___/___/___ to ___/___/___ Codes: RFC: _____ PR: _____ FS: _____

You may obtain information on your rights and responsibilities online at <http://otda.ny.gov/programs/applications/4148A.pdf>