

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							
Other (please specify)							

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