

Attestations during COVID-19 Public Health Emergency

(Please complete this form if your documentation required for application cannot be completed due to the COVID-19 public health emergency.)

The information you provide is *confidential*.

ACCIS # _____

If two parent/caretaker household, both names are required:

Parent/Caretaker Information	Last Name	First Name	Middle Name
Parent/Caretaker 1			
Parent/Caretaker 2			

Address: _____

Telephone Number: _____

What documentation are you attesting to? (Please refer to CFWB-012B and record below the documentation you seek to attest to.)

Name of Parent/Caretaker in need of attestation (include only those who cannot provide documentation)	Type of Documentation (list of documents required for application is available on CFWB-012B)	Reason why documentation cannot be provided (e.g. office that provides document is closed due to COVID-19 public health emergency)	Date and/or date range of documentation

All documentation listed in the second column above must be submitted when it becomes available, no later than 3 months after your application has been approved.

I affirm that all the information I have given related to my application is true and accurate.

Name of Parent/Caretaker 1 (print)	Parent/Caretaker 1 (signature)	Date
Name of Parent/Caretaker 2 (print)	Parent/Caretaker 2 (signature)	Date

Confidentiality

A parent/caretaker's information is kept confidential to the maximum extent possible.

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.

APPLICATION (CFWB-012)

Ensure all sections are completed, including:

- If two-parent household, both parents signed Military status (Section 3) Travel time (Section 7)

NEW YORK CITY RESIDENCY

The following documents are accepted as proof of NYC residency:

Copy of **one** of the following:

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> IDNYC | <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Section 8 Award Letter |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Rent Receipt | <input type="checkbox"/> NYCHA Certificate |
| <input type="checkbox"/> Parent Attestation of Residency | <input type="checkbox"/> Other _____ | |

PLEASE NOTE: If "OTHER" documentation is not satisfactory, ACS or DOE will notify applicant.

ONLY FOR CHILD(REN) NEEDING CHILD CARE: CITIZENSHIP/IMMIGRATION STATUS

Copy of **one** of the following:

- | | |
|---|---|
| <input type="checkbox"/> US Birth Certificate | <input type="checkbox"/> Alien Registration Card including Permanent Resident or Green Card |
| <input type="checkbox"/> US Passport | <input type="checkbox"/> Form FS-240 (Report of Birth Abroad of a U.S. Citizen) |
| <input type="checkbox"/> Naturalization Certificate | <input type="checkbox"/> Other _____ |

PLEASE NOTE: If "OTHER" documentation is not satisfactory, ACS or DOE will notify applicant.

CHILD'S RELATIONSHIP TO PARENT/APPLICANT

Copy of **one** of the following for **all** children in the household under age 18, regardless if child care is needed for the child:

- | | |
|---|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Adoption record |
| <input type="checkbox"/> Baptismal record | <input type="checkbox"/> Court order for legal guardian with financial responsibility |
| <input type="checkbox"/> Passport with parent signature | <input type="checkbox"/> Caretaker Relative Relationship Attestation |

AGE

Copy of **one** of the following for **all** children in the household under age 18, regardless if child care is needed for the child:

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Adoption record |
| <input type="checkbox"/> Baptismal record | <input type="checkbox"/> Alien Registration Card |
| <input type="checkbox"/> Passport | |

INCOME

All Applicants submitting CFWB-012 must provide documentation of income regardless of reason for care.

If Employed:

- CFWB-015 - Referral to Employer for Employee Income Information

OR

- Pay Stubs (Bi-weekly = Every 2 weeks; Semi-monthly = Twice a month)
- Weekly – 4 current, consecutive pay stubs if gross amount is the same
- Weekly – 12 current, consecutive pay stubs if gross varies
- Bi-weekly/Semi-monthly – 2 current, consecutive pay stubs if gross amount is the same
- Bi-weekly/Semi-monthly – 6 current, consecutive pay stubs if gross varies

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
- If self-employed and hourly income is less than minimum wage: a business plan or statement of future earnings certifying earnings at the minimum wage in the current or coming year

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.

REASONS FOR CARE

Applicant must document **one** of the following reasons for care:

a) Working at least 20 hours or more per week:

- See Section 6 under income for required documents regarding Employment and/ or Self-employment.
- Medical documentation (i.e., doctor's note) if working less than 20 hours per week.

b) Educational/Vocational activity:

2 Year College/Vocational School (**One** of the following)

- CFWB-005 with School's stamp
- A letter from the training institution on official letterhead is also acceptable, but must contain all necessary information reflected on the CFWB-005.

4 Year full time college student plus work

- CFWB-015 OR Pay Stubs indicating work 17 ½ hours per week

And one of the following

- CFWB-005 with school's stamp
- A letter from the training 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
- Approved Work Search Plan from the NYS Dept. of Labor
- 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

ABSENT PARENT INFORMATION

List children in need of child care whose parent does not live in the household. Please state whether the absent parent is available to provide child care. Please provide the reason the absent parent is unavailable to provide care.

WORK/ACTIVITY SCHEDULE TRAVEL TIME

If travel time exceeds one hour each way, provide documentation. Documentation may include, but is not limited to:

- MTA website
- Google Maps
- Other websites/materials that may calculate travel time

Please go to <http://www1.nyc.gov/site/acs/early-care/forms.page> for forms and application instructions. For more information call 311 or 212-835-7610.