



Attestations during COVID-19 Public Health Emergency

(Please complete this form if your documentation required for recertification 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 022 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 recertification is available on CFWB-022)	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 recertification has been approved.

I affirm that all the information I have given related to my recertification 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.



DOCUMENTATION REQUIRED TO RECERTIFY CHILD CARE ELIGIBILITY

1) Income: All applicants submitting documentation for recertification of child care eligibility must provide documentation of income regardless of reason for care.

If Employed:

- Pay Stubs 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 (Bi-weekly= Every 2 weeks; Semi-monthly=Twice a month)

OR

- CFWB 015 – Referral to Employer for Income Information** (accepted when pay stubs are unavailable or insufficient)

If Self-Employed:

- If self-employed 1 year or more: current, complete and signed income tax package (ex. IRS1040, 1065, Schedule C, SE for partnership, K-1, etc.)
- If self-employed less than 1 year, submit a letter stating nature of business, date business began, gross income, itemized deductions and net income.
- If self-employed between three months and one year, accountant statement required

Other Income:

- Recent checks, pay stubs or current award letters required for other income identified by the applicant on the **CFWB 020 Income from Employment and Other Sources**.

2) REASONS FOR CARE:

Applicant must document one of the following reasons for care:

a) Working minimum of 20 hours or more per week

See above under income for required documents regarding Employment and / or Self-Employment.

b) Educational/Vocational activity:

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

- CFWB 005 Vocational/Educational/Training Verification** 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**.

ii.) 4 Year full time college student

- Pay stubs **OR** **CFWB 015 Referral to Employer for Employee Information** indicating a minimum work week of at least 17 ½ hours

AND

- CFWB 005 Vocational/Educational/Training Verification** with school's stamp

OR

- 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

3) **NEW YORK CITY RESIDENCY:** Copy of **one** of the following **if address has changed**

- IDNYC
- Driver's License
- Utility Bill
- Rent Receipt
- Section 8 Award Letter
- NYCHA Certificate
- Other _____

4) **ONLY IF THERE ARE ADDITIONAL CHILD(REN) NEEDING CHILD CARE: CITIZENSHIP/IMMIGRATION STATUS:**

Copy of one of the following:

- US Birth Certificate
- US Passport
- Naturalization Certificate
- Alien Registration Card including Permanent Resident or Green Card
- Form FS-240 (Report of Birth Abroad of a U.S. Citizen)

5) **CHILD'S RELATIONSHIP TO PARENT/APPLICANT:** COPY OF **ONE OF THE FOLLOWING FOR ALL ADDITIONAL CHILDREN IN THE HOUSEHOLD, REGARDLESS IF CHILD CARE IS NEEDED FOR THE CHILD:**

- Birth Certificate
- Baptismal record
- Passport with parent signature
- Adoption record
- Court order for legal guardian with financial responsibility

6) **AGE:** Copy of **one** of the following for all **additional** children in the household, regardless if child care is needed for the child:

- Birth Certificate
- Baptismal record
- Adoption record
- Passport
- Alien Registration Card

