

Voucher Wait List Request Form

Please Complete This Form to Place Your Child(ren) on The ACS Voucher Wait List

Case Number (for ACS use)

Parent/Caretaker's Name

Parent/Caretaker's Address

Apt. No

Parent/Caretaker's Telephone

City

State

Zip Code

Alternative Phone

Is your family a 2-parent household? Yes No

Current family size (parents and children under 18 only): _____

Race: Asian (AS) Native Hawaiian or Other Pacific Islander (HP)

Black (BL) American Indian or Alaskan Native (AI)

White (WH) Client Refused (CR)

Ethnicity: Hispanic or Latino (HL) Not Hispanic or Latino (NH) Client Refused (CR)

Gender: Male Female

Gross Family Monthly Income: _____ Preferred Language: _____

Reason for Care: Employment Training/Education Looking for Work Homelessness Domestic Violence

Children to be placed on the wait list (*attach a separate sheet for additional children*).

Name (Last, First)	Birth Date	Gender
Child 1		
Child 2		
Child 3		
Child 4		
Child 5		

The information contained on this form will be used to place your child/ren on the child care voucher wait list. When a voucher becomes available, you will be asked to provide documentation to verify your family's eligibility.

I attest that all the information I have supplied on this form is true and correct.

Parent/Caretaker's Name: _____

Parent/Caretaker's Signature: _____ Date: _____

Parent/Caretaker's (2) Name: _____

Parent/Caretaker's (2) Signature: _____ Date: _____

Please return this completed form, to:

NYC Children-Eligibility Determination Unit, PO Box 40, Maplewood, NJ 07040

Attention: New VWL Request or, scan and email completed forms to: VoucherWL@acs.nyc.gov