

**Referral Procedures for Early Care and Education Services for Children in Foster Care and Children Receiving Child Protective or Preventive Services**

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<p><b>Supporting Regulations:</b> 18 NYCRR §§ 413.2, 415.2, and 428.6</p>	<p><b>Supporting Case Law:</b> N/A</p>	<p><b>Bulletins &amp; Directives:</b> N/A</p>	
<p><b>Key Words:</b> Head Start; child care, EarlyLearn; EarlyLearn NYC; referral; 186D-2; ECE 002</p>	<p><b>Related Policies:</b> N/A</p>	<p><b>Supersedes:</b> Procedure 2008/05 Revised Referral Procedures for Child Care and Head Start Services Applicable to Families Receiving Foster Care, Preventive or Protective Services dated 11/7/08</p>	
<p><b>Related Forms:</b> <i>ECE 002 Referral for Early Care and Education Services; ACD 1069 Referral to Employer for Employee Income Information</i></p>			
<p><b>SUMMARY:</b> The Administration for Children's Services ("ACS" or "Children's Services") has revised the referral process for early care and education services (child care and/or Head Start) for children in foster care, children receiving preventive services, children whose parents or caretakers have open child protective cases, and the children of teenage/young adult parents in foster care. This policy describes the revised referral process using the <i>ECE 002 Referral for Early Care and Education Services</i> form, which replaces the <i>CS-186D-2 Referral for Child Care and Head Start Services</i> form.</p>			
<p><b>SCOPE:</b> This policy applies to all referrals for early care and education services made by Children's Services staff and foster care and preventive services provider agency staff.</p>			

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## **I. Introduction**

- A. The Administration for Children’s Services (“ACS” or “Children’s Services”) has revised the referral process for early care and education services (child care and/or Head Start) for children in foster care, children receiving preventive services, children whose parents or caretakers have open child protective cases, and the children of teenage/young adult parents in foster care. These children may be categorically or programmatically eligible for early care and education services. This policy describes the revised referral process using the *ECE 002 Referral for Early Care and Education Services* form (hereinafter “referral form”) which streamlines referrals for children who may be categorically or programmatically eligible for early care and education services. The ECE 002 referral form replaces the *CS-186-D-2 Referral for Child Care and Head Start Services (CCHS)* form. A copy of the referral form is attached to the policy as Attachment A.
- B. Referrals may be submitted for children in foster care (hereinafter referred to as “foster care cases”), children receiving preventive services (hereinafter referred to as “preventive services cases” or “preventive cases”), and children whose parents or caretakers have open child protective cases (hereinafter referred to as “child protective cases”). In order for a child to be eligible for early care and education services through the referral process on the basis of a child protective case, the child’s parent or caretaker must have a case that is currently active with the Children’s Services Division of Child Protection (DCP), and the child has to reside with the parent or caretaker with the active case. Once the case is closed in DCP, the child is no longer eligible for early care and education services based on the child protective case and a new referral may have to be submitted if the child has another basis for eligibility.
- C. This policy specifically addresses the referral procedure for families that may be programmatically or categorically eligible for early care and education services. The DCP Child Protective Specialist (CPS) or the foster care and preventive services provider agency case planner or caseworker (hereinafter “case planner”) may contact the Children Services Division of Early Care and Education (ECE) Special Referral Unit at 917-228-7076 to obtain additional information on how a family with a child protective, preventive services, or foster care case may apply for early care and education services if the family is not programmatically eligible for a referral using the referral form.

## **II. Policy**

- A. Combined Referral Form for Early Care and Education Services
  - 1. The referral form allows the CPS and the case planner to simultaneously refer eligible children for early care and education services including both subsidized child care and Head Start.

2. The referral form requires basic demographic information concerning the child needing services and his or her family. In addition, the signature of a Child Protective Specialist Supervisor (CPSS II) in DCP (for child protective cases), a staff member in the Children's Services Division of Family Permanency Services (FPS) Office of Centralized Operations (for foster care cases), or a staff member in the Children's Services Division of Family Support Services (FSS) Office of Preventive Technical Assistance (OPTA) (for preventive services cases) is required to certify that the case is active and that early care and education services are or will be part of the service plan. Once the CPSS II or staff members in OPTA or the Office of Centralized Operations have completed the certification section, the CPS, or staff members in OPTA or the Office of Centralized Operations shall email<sup>1</sup> a password protected copy of the certified referral form to the Special Referral Unit. A staff person in the Special Referral Unit will locate an early care and education placement and notify the child's parent or caretaker<sup>2</sup> and the referral source<sup>3</sup>.

B. Eligibility Requirements for Head Start

1. Children aged three (3) and four (4) and children who enroll in Head Start between September and December and will be three (3) years old by December 31 of the current calendar year may be eligible for Head Start. Homeless children and children in foster care who meet the age requirements are categorically eligible for Head Start.
2. The employment status of a child's foster parent does not affect the eligibility of the child for Head Start. All appropriately aged children in foster care are categorically eligible for Head Start.
3. The families of children receiving child protective or preventive services must meet income eligibility requirements of up to 100% of the Federal Poverty Level (FPL) for Head Start. Cash assistance may be used to determine income eligibility.
4. The eligibility of the child of a teenage/young adult parent in foster care will be based on the income of the child's teenage/young adult parent.

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<sup>1</sup> All electronic communication must comply with Children's Services Policy 2010/07 "Security of Confidential, Case Specific and/or Personally Identifiable Information," dated December 6, 2010.

<sup>2</sup> The caretaker of a child in foster care is the child's foster parent.

<sup>3</sup> The referral source is the person who completes Sections 1-8 of the referral form. The referral source may or may not be the case planner.

C. Child Care Eligibility Requirements

1. Children in foster care are categorically eligible for child care if their foster parents are employed at least 20 hours a week. If a child resides in a two-parent foster home, **both** foster parents must be employed at least 20 hours a week.
2. Children's Services provides subsidized child care for children from six (6) weeks of age through school age.<sup>4</sup> If a child will be five (5) years old on or before December 31 of the current year, the CPS or case planner should refer the family to the New York City Department of Youth and Community Development (DYCD). The CPS or case planner may contact DYCD via telephone at 800-246-4646.
3. Children of Teenage/Young Adult Parents in Foster Care
  - a. The child of a teenage/young adult parent in foster care may be eligible for child care based on his or her parent's status in foster care. If the teenage/young adult parent resides in a foster home, the child's parent must be employed or engaged in an educational or vocational program and the foster parent(s) of the teenage/young adult parent must also be employed.
  - b. If the teenage/young adult parent does not reside in a foster home, his or her child may be eligible for a child care subsidy if the child is in receipt of preventive services or the teenage/young adult parent has an open child protective case. Such cases shall follow the procedure for child protective or preventive services cases.
  - c. If the teenage/young adult parent does not reside in a foster home and is neither in receipt of preventive services nor has an open child protective case, then the teenage/young adult parent may apply for child care if he or she has another basis for eligibility, such as cash assistance, low income (up to 200% FPL), and engagement in an approved educational/vocational activity.

**III. Procedure**

A. Referrals for Early Care and Education Services

1. Initial Steps

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<sup>4</sup> According to 18 NYCRR §413.2, in extenuating circumstances, for children under six weeks of age, a child day care center, small day care center, school-age child care program, group family day care home, or family day care home can provide child care services with approval from the New York State Office of Children and Family Services (OCFS).

## *Interim Policy in Effect*

- a. To begin the referral process, the CPS or provider agency case planner must complete Sections 1-6 of the referral form.
- b. Sections 7 and 8 of the Referral Form
  - i. If child care is being requested for a foster parent, the case planner must verify the foster parent's employment through copies of recent pay stubs from the foster parent's employer, a notarized letter from the foster parent's employer, or other information. If the foster parent is self-employed, the case planner may verify the foster parent's employment through a letter from the foster parent's accountant or lawyer. If any form of documentation other than pay stubs or a notarized letter is used to verify the foster parent's employment, the case planner must contact the foster parent's employer in order to verify the foster parent's employment. The case planner and the case planner's supervisor must sign Section 8 of the referral form to confirm that they have verified the foster parent's employment.
  - ii. If the referral is for a child receiving preventive services, then the case planner must verify the parent's or caretaker's income with a notarized letter from the parent's or caretaker's employer, the *ACD 1069 Referral to Employer for Employee Income Information* form, or another form of documentation. See Attachment B for a copy of the form. The case planner and the case planner's supervisor must sign Section 8 of the referral form to confirm that they have verified the parent's or caretaker's income. Cash assistance may be considered as a source of income.
  - iii. Note: The income of a programmatically eligible parent or caretaker will not prevent the parent or caretaker from receiving child care. The parent's or caretaker's income is used to calculate the family's share. Families with open child protective or preventive services cases may continue to receive child care services if they are unable to pay the family share.
  - iv. If a child is being referred to **Head Start** on a **child protective case**, the CPS shall complete Sections 7 and 8 of the referral form in order to verify the parent's or caretaker's income.

2. Certification by Children's Services

a. Child Protective Cases

After completing Sections 1-8 of the referral form, the CPS must provide a copy of the referral form to his or her CPSS II. The CPSS II must certify that the case is currently active in DCP and that the requested services are or will be part of the service plan. Once the CPSS II has completed the Certification Section of the referral form, the CPSS II shall return the referral form to the CPS. The CPS must then send the completed referral form to the Special Referral Unit via a password protected email at [ECEProtectiveReferral@acs.nyc.gov](mailto:ECEProtectiveReferral@acs.nyc.gov).

b. Preventive Services Cases

After completing Sections 7 and 8 of the referral form, the case planner must email a password protected copy of the referral form and all supporting documentation to OPTA at [fss.childcarereferral@dfa.state.ny.us](mailto:fss.childcarereferral@dfa.state.ny.us). An OPTA staff person will review the referral form, indicate whether the child is currently receiving preventive services, and note that the requested services are or will be part of the service plan. After completing the Certification Section of the referral form, the OPTA staff person shall email a password protected copy of the referral form to the Special Referral Unit at [ECEPreventiveReferral@acs.nyc.gov](mailto:ECEPreventiveReferral@acs.nyc.gov) and copy the case planner on the email so that the case planner is aware of the status of the referral. If the child is not currently receiving preventive services and/or the requested services are not part of or will not be part of the service, the OPTA staff person shall return the referral form to the case planner and let the case planner know why the referral form was not certified.

c. Foster Care Cases

After completing Sections 1-8 of the referral form, the case planner must email a password protected copy of the referral form and all supporting documentation to the FPS Office of Centralized Operations at [fps.childcarereferral@dfa.state.ny.us](mailto:fps.childcarereferral@dfa.state.ny.us). A staff person in the Office of Centralized Operations shall review the referral form, indicate whether the child is currently in foster care, and note that the services requested are or will be part of the service plan. After completing the Certification Section of the referral form, the Office of Centralized Operations staff person shall email a password protected copy of the referral form to the Special Referral Unit at [childwelfareferral@acs.nyc.gov](mailto:childwelfareferral@acs.nyc.gov) and copy the provider agency case planner on the email so that the case planner is aware of the status of the referral. If the child is not currently in foster care and/or the services requested are not part of or will not be part of the service plan, the Office of Centralized Operations shall

return the referral form to the case planner and let the case planner know why the referral form was not verified.

**B. Placement**

**1. Placement**

- a. Once the Special Referral Unit receives the referral form from the CPS or staff in OPTA or the Office of Centralized Operations, a Special Referral Unit staff person will search the EarlyLearn NYC database for a placement for the child.
- b. Children Under Three (3) Years of Age
  - i. If there is a placement available and the child is between the ages of six (6) weeks and two (2) years 11 months<sup>5</sup>, the child will be placed on a waiting list for an EarlyLearn NYC provider. This process shall be done using the Automated Child Care Information System Database (ACCIS).
  - ii. Once the child is on a waiting list, ECE will provide the parent or caretaker<sup>6</sup> with a placement notice.
  - iii. Upon receipt of the placement notice, the parent or caretaker shall go to the EarlyLearn NYC provider to register the child.
  - iv. Upon registration by the parent or caretaker, the EarlyLearn NYC provider will enroll the child in early care and education services by removing the child's name from the waiting list.
  - v. **Note:** The foster parent of a child in foster care or the parent or caretaker of a child receiving preventive services is responsible for paying the fee for child care. The fee is based on the family's income and family size for preventive services cases. The fee **may be waived** if the parent or caretaker is receiving cash assistance from the New York City Human Resources Administration.
- c. Children Over Three (3) Years of Age  
For children aged three (3) to school age, a staff person in the Special Referral Unit will make a reservation at an EarlyLearn NYC group day care program based on availability. A staff person in the Special Referral Unit will notify the parent or caretaker once a placement is located. Note, a school aged child is defined as a child who will turn five (5) on or before December 31.

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<sup>5</sup> According to 18 NYCRR § 413.2, in extenuating circumstances, for children under six weeks of age, a child day care center, small day care center, school-age child care program, group family day care home, or family day care home can provide child care services with approval from OCFS.

<sup>6</sup> The caretaker of a child in foster care is the child's foster parent(s).

#### **IV. Denied Referrals**

If the family is found ineligible for early care and education services, the CPS or case planner must provide the child's parent or caretaker with a denial of eligibility notice, which must include information on the parent's or caretaker's right to appeal the decision to the New York State Office of Children and Family Services (OCFS). A sample of the information that must be provided to the parent or caretaker may be found in the *OCFS-LDSS-4780 Denial of Your Application for Child Care Benefits* form. See Attachment C for a copy of the form. The form is also available on the OCFS website at [http://ocfs.ny.gov/main/documents/forms\\_keyword.asp](http://ocfs.ny.gov/main/documents/forms_keyword.asp).

#### **V. Requests to Change Early Care and Education Providers**

If the family seeks to change their early care and education provider, the case planner or the CPS must notify the Special Referral Unit of the request to change providers via email with the subject heading, "provider transfer" to [ECEProtectiveReferral@acs.nyc.gov](mailto:ECEProtectiveReferral@acs.nyc.gov) (for foster care cases); [ECEPreventiveReferral@acs.nyc.gov](mailto:ECEPreventiveReferral@acs.nyc.gov) (for preventive services cases); or [childwelfare referral@acs.nyc.gov](mailto:childwelfare referral@acs.nyc.gov) (for child protective cases).

#### **VI. Case Closings**

The case planner or the CPS must notify the Special Referral Unit via email when the family's case closes with DCP, the preventive services agency, or the foster care agency. The email may be sent with the subject heading, "case closing" to [ECEProtectiveReferral@acs.nyc.gov](mailto:ECEProtectiveReferral@acs.nyc.gov) (for foster care cases); [ECEPreventiveReferral@acs.nyc.gov](mailto:ECEPreventiveReferral@acs.nyc.gov) (for preventive services cases); or [childwelfare referral@acs.nyc.gov](mailto:childwelfare referral@acs.nyc.gov) (for child protective cases).

For further information about this policy, please contact Shari Gruber, Director of Policy and Procedure, Division of Early Care and Education at [grubers@acs.nyc.gov](mailto:grubers@acs.nyc.gov).



# Referral for Early Care and Education Services (This is not a voucher)

## 1. CASE IDENTIFICATION

ACS Case Number:

Date of Referral:

ACS Case Name:

## 2. TYPE OF REFERRAL

Foster Care

Preventive

Child Protective

## 3. REFERRAL SOURCE INFORMATION

Referral Source's (RS) Name:

RS Phone:

Referral Source's Email:

RS Fax:

RS Supervisor's Name:

RS Sup.'s Phone:

RS Supervisor's Email:

RS Sup.'s Fax:

Agency of Referral Source:

Case Planner's (CP) Name:

CP Phone:

Case Planner's Email:

CP Fax:

Case Planner's Unit Number:

## 4. FAMILY/CARETAKER INFORMATION

Parent's/Caretaker's Name:

Other Parent's/Caretaker's Name:

Primary Language:

Household:    Single    Two-Parent

Parent's/Caretaker's Title (Check One):    Parent    Foster Parent    Other:

Home Phone:

Cell:

Work Phone:

Street Address:

Apt. No.:

City/Borough:

Zip Code:

For **CHILD CARE REFERRALS** of children with foster parents:

Is the foster parent employed?    Yes    No

**NOTE: Age Requirement for Head Start** - Children ages 3 and 4 are eligible for ECE-002 referral. Children who enroll in September through December must be 3 years old by December 31st of the current calendar year.



**5. CHILDREN NEEDING EARLY CARE AND EDUCATION SERVICES**

**Child # 1**

Child's Name:

Gender: Male Female Special Needs or Disabilities: Yes No<sup>1</sup>

Birth Date: Primary Language:

Does the family have an open cash assistance case? Yes, Case No.: No

Elig. Code<sup>2</sup>: A B C D Borough Preference:

**Child # 2**

Child's Name:

Gender: Male Female Special Needs or Disabilities: Yes No<sup>1</sup>

Birth Date: Primary Language:

Does the family have an open cash assistance case? Yes, Case No.: No

Elig. Code<sup>2</sup>: A B C D Borough Preference:

**Child # 3**

Child's Name:

Gender: Male Female Special Needs or Disabilities: Yes No<sup>1</sup>

Birth Date: Primary Language:

Does the family have an open cash assistance case? Yes, Case No.: No

Elig. Code<sup>2</sup>: A B C D Borough Preference:

**Child # 4**

Child's Name:

Gender: Male Female Special Needs or Disabilities: Yes No<sup>1</sup>

Birth Date: Primary Language:

Does the family have an open cash assistance case? Yes, Case No.: No

Elig. Code<sup>2</sup>: A B C D Borough Preference:

If requesting service for more than 4 children copy this page and complete as appropriate.

<sup>1</sup>Special Needs or Disability: Identify whether or not the child for whom services are being requested has any special needs or disabilities and identify what these needs are in the comments section.

<sup>2</sup>Eligibility Code: A = Preventive/Non-Mandated; B = Preventive Mandated; C = Placement; D = Protective.



## 6. HOUSEHOLD INFORMATION

Please fill out the information below for the entire household. List the caretaker followed by everyone who lives in the household.

	Last Name	First Name	M.I.	Relationship	Does this Person need Child Care?	Both of Child's Parents Reside in the Home?	Date of Birth	Gender	Hispanic Or Latino	Race*	SSN (Optional)
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

\*Race: (Please indicate by number in the table above)

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

## 7. EMPLOYMENT

Parent's/Caretaker's Employer:

Hours Per Week:

Phone:

Address:

City/Borough:

State:

Zip:

Parent's/Caretaker's Scheduled Days/Hours of Employment (e.g. Mon-Fri, 9 AM - 5 PM)

Does Job Have Rotation Shift?    Yes    No    Does Job Require O.T.?    Yes    No

Other Parent's/Caretaker's Employer Name:

Hours Per Week:

Phone:

Address:

City/Borough:

State:

Zip:

Other Parent's/Caretaker's Scheduled Days/Hours of Employment (e.g. Mon-Fri, 9 AM - 5 PM)

Does Job Have Rotation Shift?    Yes    No    Does Job Require O.T.?    Yes    No



**8. INFORMATION USED TO DOCUMENT CARETAKER'S WORK STATUS AND/OR INCOME**

Pay Stubs      Notarized Letter from Employer      Other

ACD 1069 Referral to Employer for Employee Income Information

Caretaker's Monthly Gross Income:

If other information was provided to verify the caretaker's employment, the referral source must speak to the caretaker's employer and provide the name of the person contacted and the date of contact below.

Person Contacted: Date:

Verification Made By: Date:

Supervisor Authorization: Date:

Reason for Rejection *(if applicable)*:

FOR ACS USE ONLY

**9. CERTIFICATION**

The referral source must email a password protected copy of the form to [fps.childcarereferral@dfa.state.ny.us](mailto:fps.childcarereferral@dfa.state.ny.us) (for foster care cases) and [fss.childcarereferral@dfa.state.ny.us](mailto:fss.childcarereferral@dfa.state.ny.us) (for preventive services cases). The signature of a Child Protective Specialist Supervisor II (CPSS II) in the Division of Child Protection (for child protective cases), a staff member in the Division of Family Permanency Services Office of Centralized Operations (for foster care cases), or a staff member in the Division of Family Support Services Office of Preventive Technical Assistance (OPTA) (for preventive services cases) is required to certify that the case is active and that early care and education services are or will be part of the service plan. The CPSS II shall provide the completed referral to the Child Protective Specialist (CPS). Once the CPSS II or staff members in OPTA or the Office of Centralized Operations have completed the certification section, the CPS, or staff members in OPTA or the Office of Centralized Operations shall email a password protected copy of the certified referral form to the ECE Special Referral Unit at [ECE.ProtectiveReferral@acs.nyc.gov](mailto:ECE.ProtectiveReferral@acs.nyc.gov) (for foster care cases); [ECE.PreventiveReferral@acs.nyc.gov](mailto:ECE.PreventiveReferral@acs.nyc.gov), (for preventive services cases); or [childwelfare referrals@acs.nyc.gov](mailto:childwelfare referrals@acs.nyc.gov) (for child protective cases).

Authorized by *(Name and Division)*:

FSS    FPS or    DCP

Authorized by *(Signature)*: \_\_\_\_\_

Phone: Fax: Email:

**10. Notes**

## REFERRAL TO EMPLOYER FOR EMPLOYEE INCOME INFORMATION

Employee's Name: \_\_\_\_\_ Program Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ RA Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Att.: \_\_\_\_\_

To be completed by employer's personnel or payroll department:

The above named individual is requesting/receiving publicly funded day care services. To make a financial eligibility determination, it is necessary to verify income for the last three(3) months. Please list overtime, if any, in the appropriate column. Do NOT include time and leave penalties in the "REGULAR GROSS" column.

Period of Employment: Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Work: \_\_\_\_\_ No. of Work Days Per Week: \_\_\_\_\_

Hours Daily: From: \_\_\_\_\_ To: \_\_\_\_\_ Regular Gross: \_\_\_\_\_ Per: \_\_\_\_\_

Circle Regular Work Days:      **MON**      **TUE**      **WED**      **THU**      **FRI**      **SAT**      **SUN**

PERIOD ENDING	HOURS WORKED	REGULAR GROSS PAY	OVERTIME/ TIPS	OTHER EARNINGS	
				AMOUNT	TYPE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

Name of Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Federal ID Number: \_\_\_\_\_ Tel. No: (    ) \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: It may be necessary to verify the income information by telephone.*

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DENIAL OF YOUR APPLICATION FOR CHILD CARE BENEFITS**

NOTICE DATE:	EFFECTIVE DATE	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		
CASE NAME (And C/O Name if Present) AND ADDRESS				
		OR Agency Conference _____		
		Fair Hearing information and assistance _____		
		Record Access _____		
		Legal Assistance information _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	WORKER TELEPHONE NO.
Your application _____ has been <b>denied</b> and the reason or reasons your application has been denied are explained below.				
Comments: _____				
<b>You are ineligible to receive benefits because:</b>				
<input type="checkbox"/> Your family's gross income exceeds 200% of the State Income Standard, which is the maximum income allowed by New York State regulation to be eligible for child care subsidy. Your family's monthly gross income of \$ _____ exceeds the maximum monthly income of \$ _____ for a family size of _____. <i>(Please see the attached addendum for additional information)</i>				
<input type="checkbox"/> You have not provided us with the following documents: _____ _____ _____				
<input type="checkbox"/> You are not programmatically eligible for child care services because: _____ _____ _____				
<input type="checkbox"/> Due to insufficient funding the district is not opening cases at this time.				
<input type="checkbox"/> Due to insufficient funding, the district is only opening cases up to _____ % of the State Income Standard. Your family's monthly gross income of \$ _____ exceeds the maximum monthly gross income of \$ _____ for your family size. Also, your family does not meet the eligibility criteria for a child care guarantee designation. <i>(Please see attached addendum for additional information)</i>				
<input type="checkbox"/> Other: _____ _____ _____				
The LAW(S) AND/OR REGULATION(S) that allows us to do this is: _____ _____				

**YOU HAVE THE RIGHT TO APPEAL THIS DECISION.  
BE SURE TO READ THE BACK OF THIS NOTICE ON HOW TO APPEAL THIS DECISION  
CLIENT/FAIR HEARINGS COPY**

Sample Only

**RIGHT TO A CONFERENCE:** You may have a conference to review these actions. If you want a conference, you should ask for one as soon as possible. At the conference, if we discover that we made a wrong decision or if, because of information you provide, we determine to change our decision, we will take corrective action and give you a new notice. You may ask for a conference by calling us at the number on the front of this notice or by sending a written request to us at the address listed at the top of the first page of this notice. This number is used only for asking for a conference. **It is not the way you request a fair hearing. If you ask for a conference you are still entitled to a fair hearing. Requesting an agency conference does not affect your right to also request a fair hearing. Read below for fair hearing information.**

**RIGHT TO A FAIR HEARING:** If you believe that the above action is wrong, you may request a State fair hearing by:

- (1) **Telephoning:** (PLEASE HAVE THIS NOTICE WITH YOU WHEN YOU CALL) **1-800-342-3334. OR**
- (2) **Writing:** Complete the information below, sign and mail to the New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York, 12201-1930. **Please keep a copy for yourself. OR**
- (3) **FAX:** Complete the information, sign and fax both sides of this form for your fair hearing request to (518) 473-6735. **OR**
- (4) **Online:** To send your fair hearing request online, go to <http://www.otda.ny.gov/oah>, click on the links to request a fair hearing using the online form, and follow the instructions to complete and submit the form online.

**YOU HAVE 60 DAYS FROM THE DATE OF THIS NOTICE TO REQUEST A FAIR HEARING**

If you request a fair hearing, the State will send you a notice informing you of the time and place of the hearing. You have the right to be represented by legal counsel, a relative, a friend or other person, or to represent yourself. At the hearing you, your attorney or other representative will have the opportunity to present written and oral evidence to demonstrate why the action should not be taken, as well as an opportunity to question any persons who appear at the hearing. Also, you have a right to bring witnesses to speak in your favor. You should bring to the hearing any documents such as this notice, pay-stubs, receipts, child care bills, medical verification, letters, etc. that may be helpful in presenting your case.

**LEGAL ASSISTANCE:** If you need free legal assistance, you may be able to obtain such assistance by contacting your local Legal Aid Society or other legal advocate group. You may locate the nearest Legal Aid Society or advocate group by checking your Yellow Pages under "Lawyers" or by calling the number indicated on the first page of this notice.

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**ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS:** To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file, which we will give to the hearing officer at the fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you may need to prepare for your fair hearing. If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you **only** if you specifically ask that they be mailed.

**INFORMATION:** If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page one of this notice or write to us at the address printed at the top of page 1 of this notice.

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**REQUEST FOR A FAIR HEARING**

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

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Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

District: \_\_\_\_\_  
 Case Number: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**ADDENDUM TO DENIAL OF YOUR APPLICATION  
FOR CHILD CARE BENEFITS-FINANCIAL ELIGIBILITY CALCULATION**

Effective Date: \_\_\_\_\_  
Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

We have determined that you are not eligible for child care benefits. Your family's monthly gross income is \$ \_\_\_\_\_.  
This exceeds the maximum monthly gross income standard of \$ \_\_\_\_\_ for a family size of \_\_\_\_\_.

**Please check the information below. If there is a mistake contact your caseworker listed on page one of this notice. If there is a mistake, it could mean that the decision made about your benefits is not correct.**

There is a child with special needs residing in your household.  Yes  No **If you have a child with special needs, that needs child care, you may have received this notice in error. Contact your caseworker on page one of this notice to determine if you were denied child care benefits in error.**

Your family's <b>monthly gross income</b> was determined from the following sources:		
<input type="checkbox"/>	Wages or salary (18 NYCRR § 404.5(b)(5)(i)) before taxes in the amount of:	\$ _____ per month.
<input type="checkbox"/>	Social Security (18 NYCRR §404.5(b)(5)(iv)) in the amount of:	\$ _____ per month.
<input type="checkbox"/>	Child Support (18 NYCRR §404.5(b)(5)(xi)) in the amount of:	\$ _____ per month.
<input type="checkbox"/>	*Other income not listed above as defined in New York State regulation 18 NYCRR §404.5(b)(5) in the amount of:	\$ _____ per month.
	<b>Your family's total monthly gross income:</b>	\$ _____ per month.

The following information is an explanation of how your eligibility for child care benefits was determined. To determine eligibility for child care benefits, your family's monthly gross income for your family size was compared to the Social Service District's (SSD) priority level for the monthly income standard. For a family to be eligible for child care benefits, a family must make less than the Monthly Income Standard amount listed below for their family size. Below are the Monthly Income Standards used by the district to determine your eligibility for child care benefits.

Family Size	SSD's Priority Level = ____% Monthly Income Standard
1	
2	
3	
4	
5	
6	
7	
8	

For families with more than 8 persons, add \$ \_\_\_\_\_ for each additional person.

**Your family's monthly gross income is \$ \_\_\_\_\_ for a family size of \_\_\_\_\_. This exceeds the maximum of \$ \_\_\_\_\_.**

\*Other income not listed above and defined in New York State regulation 18 NYCRR 404.5(b)(5) are defined as but not limited to the following: net income for non-farm self-employment, i.e. gross receipts minus expenses from one's own business, professional enterprise or partnership; or net income from farm self-employment, i.e. gross receipts minus operation expenses from the operation of a firm by a person on his own account, as owner, renter or sharecropper; or dividends, interest (on savings or bonds) income from estates or trusts, net rental income or royalties; public assistance (PA) or welfare payments include PA payments such as SSI and home relief; or pensions and annuities include pensions or retirement benefits paid to a retired person or his survivors; or unemployment compensation, workers' compensation; or alimony; or veterans' pensions.

In addition to the citations listed on the attached notice refer to the district's Child and Family Services Plan, at <http://ocfs.ny.gov/main/childcare/plans/plans.asp> for additional information on how the district closes cases in the event that there are insufficient funds to provide child care benefits to all eligible families and the order in which they will open new cases should funding become available.