

Application For Child Care Subsidy

The availability of Child Care Subsidies is dependent on funding and if there is no available funding your child(ren) may be placed on the waiting list.
Read instructions CS 925A for assistance when completing this and for information on what documents are required.

ATTENTION: This application is used to apply only for Category 2 or 3 child care assistance (for families not in receipt of cash assistance). To apply for Cash Assistance or other benefits, including Category 1 Child Care Assistance (for families in receipt of cash assistance), you must use the Statewide Common Application (LDSS-2921)

PLEASE PRINT IN ALL CAPITAL LETTERS

New Change/Recertification Reopen

OFFICE USE ONLY	Case #:	Application Date:
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Section 1 APPLICANT	Last Name <i>(Please include any aliases or maiden names in parentheses):</i>			First Name:			M.I.:	Marital Status:				
	Home Address:			Apt. #:	City/Borough:			State:	ZIP Code:			
	Is this a temporary address? Yes No			If yes, does family currently reside in <i>(check one)</i> : Homeless Shelter			Doubled-up with another family		Hotel/Motel	Car, Bus, Train	Park, Campsite	Other
	Telephone (Work):			Telephone (Home):			Telephone (Cell or Other):					
	Do you receive Cash Assistance? Yes No			CA#:	What is your primary language? English			Spanish	Other			

Please fill out the information below for your entire household. List yourself first, followed by everyone who lives with you.

Section 2 FAMILY MEMBERS	Last Name <i>(Include any aliases or maiden names in parentheses)</i>	First Name	M.I.	Relationship	Does This Person Need Child Care?	Does Child Needing Child Care Have a Disability?	Is Child Needing Child Care US Citizen/ Legal Resident?	Both of Child's Parents Reside in the Home?	Date of Birth MM/DD/YY	Sex	Ethnicity Hispanic or Latino	Race* <i>(See code # below and fill in all that apply)</i>	Social Security Number <i>(Optional)</i>
	1.			Self						M F	Yes No		
	2.				Yes No	Yes No	Yes No	Yes No		M F	Yes No		
	3.				Yes No	Yes No	Yes No	Yes No		M F	Yes No		
	4.				Yes No	Yes No	Yes No	Yes No		M F	Yes No		
	5.				Yes No	Yes No	Yes No	Yes No		M F	Yes No		
	6.				Yes No	Yes No	Yes No	Yes No		M F	Yes No		
	7.				Yes No	Yes No	Yes No	Yes No		M F	Yes No		
	8.				Yes No	Yes No	Yes No	Yes No		M F	Yes No		

*Racial Affiliation Codes: **1** Native American or Alaskan Native **2** Asian **3** African American/ Black **4** Native Hawaiian/Pacific Islander **5** Caucasian/ White

For additional family members, please attach a separate sheet as needed. Include information for any spouse/other parent, of the children, applying for care who lives in the home. Include the name and address of any non-custodial parent.

You may but do not have to provide Social Security numbers. Social Security Numbers may be used by federal, State and local agencies to prevent duplication of services, fraud and for Federal reporting.

OFFICE USE ONLY
Family Size:

Section 3 EMPLOYMENT	Applicant's Employer Name:				Tel#:		Regular Work Schedule										
	Address:		City/Borough:		State:		ZIP Code:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total hours	
	Employment Start Date:																
	Does job have a rotating shift?	Yes	No	Does job require O/T?	Yes	No	from	to	from	to	from	to	from	to	from	to	per week
	Spouse/Other Parent's Employer Name:																
	Tel#:																
Address:		City/Borough:		State:		ZIP Code:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total hours		
Employment Start Date:																	
Does job have a rotating shift?	Yes	No	Does job require O/T?	Yes	No	from	to	from	to	from	to	from	to	from	to	per week	

Section 4 CHILD/FAMILY NEEDS	What is your reason for requesting a Child Care Subsidy?				Is the applicant receiving and/or applying for child care through a different application? If yes please indicate the agency:				Note: Families requesting a Child Care Subsidy and are receiving protective/preventive services or are employed foster parents are eligible for child care without regard to income and do not need to complete this application. Refer to application instruction (CS 925A) for details.			
	Employment		Looking for Work		Department of Education (PKA)							
	Vocational Training Educational Activities				Human Resources Administration (HRA)							
	Receiving Domestic Violence Services		Homelessness		Department of Youth and Community Development (DYCD)							
	Department of Homeless Services (DHS)											
Is there a non-custodial parent available to provide child care?				Consortium for Worker Education (CWE)								
Yes	No	Other	Other									
Is a parent/guardian currently active duty (full-time) in the US Military?												
No	Yes, U.S. Military		Yes, National Guard/Military Reserve									

Please complete income information for yourself AND anyone applying with you. See instructions for documentation requirements. PLEASE PRINT
(This includes children in need of care, their parents, step-parent and any other children under the age of 18 in household.)

Section 5 OTHER INCOME EARNINGS	Item						OFFICE USE ONLY				
							Gross Income	Type of Documentation	Monthly Calculations		
	Applicant: Job earnings before deductions. Weekly Bi-weekly Semi-monthly Other						\$				
	Spouse/Other Parent: Job earnings before deductions. Weekly Bi-weekly Semi-monthly Other						\$				
	Alimony and/or child support (received). Weekly Bi-weekly Semi-monthly Other						\$				
	Unemployment and/or worker's compensation. Weekly Bi-weekly Semi-monthly Other						\$				
	Net income from self-employment and/or rental income. Weekly Bi-weekly Semi-monthly Other						\$				
	Rental/Boarders/Lodgers Income (received)						\$				
	Benefits: Social Security, SSI, Disability, Retirement and/or Pensions & Annuities. Weekly Bi-weekly Semi-monthly Other						\$				
	Other Income/Benefits (check all that apply):										
	Cash Assistance (CA)		Housing voucher or cash assistance		Medicaid	SNAP	Other federal cash income programs (such as SSI).		\$		
	Total Income						\$				

Section 6 PROVIDER

If you qualify for a Child Care Subsidy funded by the New York State Child Care Development Block Grant, you have the option to choose: Center Based Care, Informal Care, Legally Exempt Group Care or Family Child Care. Provide below the name(s) and address(es) of preferred provider(s). You may list additional choices on an attached sheet.

Name:	Program # (if applicable)	Name:	Program # (if applicable)	Name:	Program # (if applicable)
Address:		Address:		Address:	
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:
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:

Section 7 CERTIFICATION

1. I understand that the information contained on this form will be used to determine my or my family's eligibility for services/subsidy. I understand that by signing this application form, I agree to any investigation to verify or confirm the information I have given or any other investigation in connection with my request for child care assistance. I will provide additional information if requested.

2. Social Security Numbers, if provided, may be used by federal, state, and local agencies to prevent duplication of services, fraud and for federal reporting.

3. I agree to inform the agency immediately of any change in my income, living arrangement, household composition or address where care is provided, who is providing child care, provider fees and/or hours for which child care is needed.

4. I certify that the children indicated as needing child care are United States (U.S.) citizens or nationals or persons with satisfactory immigration status. I understand that this information about these children may be submitted to the Immigration and Naturalization Service (INS) for verification of immigration status, if applicable. I further understand that the use or disclosure of this information about these children is restricted to persons and organization directly connected with the verification of immigration status and the administration or enforcement of provisions of the Child Care Assistance Program.

5. I understand that this application is used only for the expressed purpose of child care subsidy. To obtain other assistance such as SNAP, Medicaid, Cash Assistance, or other services, additional applications will be required. However, this application and any information obtained as part of an investigation of this application may be shared with any City, State or Federal agency to which you apply or have applied for any other assistance or benefits.

6. Federal and state laws provide for penalties of fine, imprisonment or both if you do not tell the truth when you apply for Child Care Assistance, or when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone, for whom you have applied, to obtain or continue to receive Child Care Assistance. If you are the authorized representative applying on behalf of someone else, Child Care Assistance must be used for that person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

7. I certify that my family resources do not exceed \$1,000,000.00.

It is the policy and commitment of the New York City Administration for Children's Services that it does not discriminate on the basis of race, creed, age, color, sex, religion, national origin, alienage or citizenship status, physical or mental disability, gender, gender identity, sexual orientation, pregnancy, marital or partnership status.

Please provide the signatures of both parents/caretakers if two parent/caretaker household.

Signature Parent/Caretaker: _____ Signature Second Parent/Caretaker: _____ Signature Authorized Representative: _____

Print Name: _____ Date: ___/___/___ Print Name: _____ Date: ___/___/___ Print Name: _____ Date: ___/___/___

Section 8 OFFICE ONLY

Authorized Days and Hours of Care:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
from to	from to	from to	from to	from to	from to	from to

Enrollment Application Completed by (print and initial): _____ Date: ___/___/___

ACS – Eligibility Approved by (print and initial): _____ Date: ___/___/___

Parent Fee (initial): _____ Date: ___/___/___

Length of Eligibility from ___/___/___ to ___/___/___ Codes: RFC: _____ PR: _____ FS: _____

You may obtain information on your rights and responsibilities at <http://otda.ny.gov/programs/applications/4148A.pdf>

If you do not have access to the internet, you can call NYC ACS at (212) 835-7610 to request physical copies of the booklets which highlight your rights and responsibilities be mailed to you.

LDSS-4148A: What You Should Know About Your Rights and Responsibilities
LDSS-4148B: What You Should Know About Social Services Programs
LDSS-4148C: What You Should Know If You Have an Emergency