



Essex County Department of Social Services

7551 Court Street, PO Box 217, Elizabethtown, NY 12932

Angie Allen, Commissioner

Daniel Sadowski, Deputy Commissioner

Dear Parent and Provider,

I would like to introduce myself. My name is Mary Stanley. I am the administrator of the Essex County Child Care Program.

I would like to bring you attention to a few program regulations that we need to follow. Below is an outline of the requirements we need each month.

Completed Vouchers

Parent share must be paid weekly.

Both parent / caretaker, and provider signature on the voucher

If you have more than one provider, you will need to verify who was paid the parent share.

Recertification is required every 12 Months.

Payment Processing Policy

Vouchers must be received by the 6th of every month for example April's voucher needs to be received by May 6th to be paid in May.

If vouchers are received over 30 days past the 6th the payment will be denied. I understand you may have extenuating circumstances, but you will need to contact us to discuss when vouchers can be sent and if payment will be made. Total charged must be entered or voucher will be returned.

Failure to provide the requirements could result in non-payment.

If you have any questions, please feel free to call Susie (518)873-3495 or myself.

Thank you for your assistance.

Mary Stanley

Services Coordinator

Children and Family Services

Essex County Department of

Social Services

7550 Court Street PO Box 217

Phone#(518)873-3431

Fax#(518)873-3467

Day Care Subsidy Checklist

Dear Applicant,

Below is an outline of documentation required to determine eligibility for the childcare assistance program. Please be advised, the agency has up to thirty (30) days to make an eligibility determination. If an eligibility determination cannot be made due to the absence of required documentation, the application will be denied, and reapplication will be necessary.

- Completed Application- **ALL SECTIONS** of the application must be completed. You may utilize “N/A” if a question does not apply to your household. If both parents/guardians are in the household, both must sign the application.
- Verification of identity for all parents on the application.
- Birth certificates for all children requiring care (copies).
- Verification of residency (physical address) in Essex County.
- Income verification for all household members for the most recent/consecutive four (4) weeks. (All income including but not limited to: wages/salary, self-employment, child support, social security, unemployment benefits, veteran’s benefits, and pensions.
- Verification of work schedules for parent(s)/guardian(s)
- Verification of attendance and class schedule for parent(s)/guardian(s) enrolled in higher education.
- Provider information form completed and signed by selected provider.
- Childcare provider must be licensed, registered, or enrolled as legally exempt to be eligible for subsidy. If you select a non-registered or licensed provider, i.e., friend or family, they must complete the application process to become a legally exempt provider.

Please call 518-873-3495 or email ECDSSDaycare@dfa.state.ny.us for any questions about the childcare subsidy or legally exempt application processes.

You may find more information, including the childcare assistance program application, here: [Help Paying for Child Care | Division of Child Care Services | Office of Children and Family Services \(ny.gov\) ocfs.ny.gov/programs/childcare/ccap/help.php](http://ocfs.ny.gov/programs/childcare/ccap/help.php)

PLEASE RETURN

PROVIDER INFORMATION

Parent/Guardian Name _____

Provider Name _____

Address _____

Phone # _____

Provider is Registered / Nonregistered (circle one)

Provider is Relative / Non Relative (circle one)

Care is provided in Child's home / Provider's home (circle one)

Date child(ren) started under provider's care _____

Name of child(ren) in this family under provider's Care:

_____, _____

_____, _____

of days per week under provider's care _____

of hours per week under provider's care _____

Total number of children under the care of this provider _____

PLEASE RETURN

**DAY CARE PROVIDER
STATEMENT OF RATES**
(to be completed by the child care provider)

My rates for Child Care are:

\$ _____ per hour per child

\$ _____ per day per child

\$ _____ per week per child

If there are two or more children in one family, the rate for each additional child is:

\$ _____ per hour per child

\$ _____ per day per child

\$ _____ per week per child

Variations on the above rate schedule are:

Please check one:

_____ I am a registered provider

_____ I am a non-registered provider

Signed _____

Date _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HOW TO COMPLETE THE APPLICATION FOR CHILD CARE ASSISTANCE

This application is for non-guaranteed Child Care Assistance only. If you want to apply for Child Care Assistance and other state benefits, such as Public Assistance (PA), Supplemental Nutrition Assistance Program (SNAP), Home Energy Assistance (HEAP), Medicaid, or guaranteed Child Care Assistance (category 1), please use the form *New York State Application for Certain Benefits and Service, LDSS-2921*, found here: <https://otda.ny.gov/programs/applications/2921.pdf>.

APPLYING FOR CHILD CARE ASSISTANCE

- You are applying for category 2 Child Care Assistance. Category 2 Child Care Assistance is for families when funds are available. Category 1 Child Care Assistance is for families who are eligible for a child care guarantee, which includes families applying for or receiving PA, Child Care Assistance in lieu of PA, and transitional child care.
- You can fill out the application and turn it in the same day you get it. If you are eligible, the county you live in may give you assistance back to the date you turned in your application.
- You can turn in your application in person or by mail. If you want to turn in your application electronically by email, fax, etc., please reach out to your local department of social services for further information.
- The local department of social services will take your application if it has your name, address, and a signature. However, the application needs to be complete to determine if you are eligible to get Child Care Assistance.

HOW TO COMPLETE THE APPLICATION

- Please complete each section. Some sections are marked "optional," and you can choose to complete them or not.
- Please write clearly on the application.
- Do not write in the shaded areas.
- If you are helping someone apply, please write the information about the person you are helping.

WHERE TO TURN IN THE APPLICATION

- Please turn the application in to your local department of social services of the county where you live.

Make sure the local department of social services gives you copies of:

- **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*

These booklets have important information in them about your rights and responsibilities and can be found here:

<https://otda.ny.gov/programs/applications/4148A.pdf>

<https://otda.ny.gov/programs/applications/4148B.pdf>

<https://otda.ny.gov/programs/applications/4148C.pdf>

IF YOU WANT TO WITHDRAW YOUR APPLICATION

- Give the local department of social services a written and signed request to withdraw the application you turned in.
- You can apply again at any time.

Tell us about yourself.

Please fill out the information about yourself. If you are helping someone apply, please fill out this information about the person you are helping (the applicant):

- **Full Name** Please tell us your legal name, both your first and last name. Please include any aliases.
- **Street Address** Please tell us the full street address, including apartment number/floor, city, county, state, and Zip Code, of where you are living now.
- **Mailing Address** If you get mail somewhere other than where you live, please tell us that address here.
- **Phone Number** Please tell us your phone number, with the area code. Check the box if this is a cell phone, home phone, or work phone.
- **Email** If you want to be reached by email, please tell us your email address. *This is optional.*
- **Contact** Please check the box that tells us how you want someone reach you. If you check "other," please tell us the best way to reach you. *This is optional.*
- **Primary Language** Please check the box that tells us the language that you speak most often in your home. If you check "other," please tell us the language you prefer.
- **Marital Status** Please check the box to tell us your current legal marital status.

Do you or any adult(s) applying with you receive any of the following benefits?

The questions in this section are for you **AND** any other adult household members who are applying for Child Care Assistance with you – this means your spouse who lives with you, the child's parent who lives with you, individuals temporarily absent from the home who must contribute toward the needs of the household, or any other adult living in the home who is legally responsible for the child(ren).

- If you and/or any of the listed adults above get any of the benefits that are on the list, please check each one that is received. If no one is receiving any of these benefits, please check the box, "None of these."

Tell us about your household's circumstances.

The questions in this section are for you **AND** any other adult(s) applying with you.

- **Homeless** Please check Yes or No to tell us if your family has a fixed, regular, adequate place to stay at night.
- **U.S. Military** Please check Yes or No to tell us if an adult in the home is on active duty, serving full-time in the U.S. Military.
- **Military Reserve** Please check Yes or No to tell us if an adult in the home a member of the National Guard, or Military Reserve Unit
- **Child Care Funding** Please check Yes or No to tell us if an adult in home is receiving/applying for other child care funding. If you check Yes, please tell us the agency name.
- **Need Reason** Please tell us the reason(s) child care is needed. For example, to work, to attend substance abuse treatment, etc.

Tell us about everyone in your home.

List the information for everyone who lives with you, even if they are not applying with you.

- **Full Name** Please write your full name on line 1 and then write the names of the other people who live with you on each line under yours.
- **Date of Birth** Please tell us each person's date of birth.
- **Sex** New York State will make sure that you can access state benefits and/or services regardless of your sex, gender identity, or expression. Please write the sex of all the people who live with you as male, female, or X to match what is on file with the United States Social Security Administration.

- **Relationship** Please tell us each person's relationship to you. For example, spouse, other parent, biological child, foster child, friend, roommate, grandparent, etc.
- **Gender Identity** Your gender identity is how you see yourself and what you call yourself. Your gender identity can be the same as your sex. You do not have to tell us any of this information if you do not want to. If you choose to write your gender identity, please only tell us your own in the space provided. Giving us your gender identity is your choice and will not change your eligibility for Child Care Assistance or the amount of assistance you will be given by this agency.
- **Social Security Number** You can add your Social Security number if you would like to. Social Security numbers may be used by federal, state, and local agencies to make sure the services you are given are not duplicated, may be used to catch or stop fraud, and may be used for federal reporting. *This is optional.*
- **Hispanic/Latinx** Please enter **Y** (Yes) or **N** (No) for each person if they are Hispanic, Latinx, or not. Giving us ethnicity information is your choice and will not change your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **Race** Please enter **Y** (Yes) or **N** (No) for each of the race codes (below). Giving us race information is your choice and will not change your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
H – Hispanic, **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White
- **Child Care Need** Please enter **Y** (Yes) or **N** (No) to tell us if each child needs child care.
- **Citizenship** Please enter **Y** (Yes) or **N** (No) to tell us if each child is a *United States citizen, United States national, or a person with satisfactory immigration status*. If you are not sure, please talk to your local department of social services. The citizenship or immigration status of the adults or children who do not need child care will not change your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **Special needs** Please enter **Y** (Yes) or **N** (No) to tell us if each child has special needs. A child with special needs is a child who cannot take care of themselves and has one or more of the following diagnoses:
 - (1) Visual impairment
 - (2) Deafness or other hearing impairment
 - (3) Orthopedic impairment
 - (4) Emotional disturbance
 - (5) Intellectual disability
 - (6) Learning disability
 - (7) Speech or language impairment
 - (8) Health impairment
 - (9) Autism
 - (10) Multiple disabilities
 - (11) Traumatic brain injury
 - (12) Deaf-blindness
 - (13) Other health impairment

For the full definition of a child with special needs, please see NYCRR Title 18 Part 415.1(c).
- **Parents in the home** Please enter **Y** (Yes) or **N** (No) for each child to tell us if both parents live in the home.

Tell us about parent(s) that do not live in the home.

This information is about the parent who does not live in the home.

- Please write the name(s) of the child(ren) who are applying for Child Care Assistance and are under the age of 19, whose parent does not live in your home.
- Please check Yes or No to tell us if the parent who does not live in the home is available to provide care. If they are not, please tell us the reason (for example: they are working, attending rehabilitation, in jail, there is a court order, there is a safety issue, visitation agreement, etc.).

Tell us about your job and other activities.

Please fill out the information if you are working. If you are not working, are not about to start a new job, and are not looking for work, please check "No" and go to the next section on the application.

- Please check Yes or No to tell us if you need child care because you are working, if you are about to start a new job, or you are looking for work. If you are about to start a new job, please tell us your start date.
- Employer/Job Information: Please write the name of where you work, the total number of hours you work or will be working each week, your schedule, and tell us if your schedule changes each week. If your schedule changes each week, please write the hours you worked last week. If you are about to start a new job, please tell us what your schedule will be. If you have more than one job, please check Yes or No and use extra pages and tell us the above information.

Please fill out the information if you are in a training program for work. If you are not in a training program or are about to start one, please check "No" and go to the next section on the application.

- Please check Yes or No to tell us if you need child care because you are in a training program for work or are about to start one. If you are about to start a training program, please tell us your start date.
- Training Program Information: Please write the name of the training program or facility, the total number of hours you are at the training program or will be each week, your training schedule, and tell us if your training schedule changes each week. If your schedule changes each week, please write the hours you attended the training program last week. If you are about to start a training program, please tell us what your schedule will be.

Please fill out the information if you are going to college/taking classes. If you are not going to college/taking classes or are about to start, please check "No" and go to the next section on the application.

- Please check Yes or No to tell us if you need child care because you are going to college/taking classes or about to start college/classes.
- School/College Information: Please write the name of the school or college, the day you started going or will be starting college/taking classes, the total number of hours you are taking classes or will be taking each week, your class schedule, and tell us if your schedule changes each week. If your schedule changes each week, please write the hours you attended classes last week. If you are about to start college/classes, please tell us what your schedule will be.

Tell us about the other adult(s) applying with you and their activities.

Please fill out the information about the other adult(s) applying with you.

- Please check whose job information this is (your spouse, other parent, or other adult). Please check Yes or No to tell us if the adult has more than one job. If yes, please use extra pages and tell us the below information. Please tell us if they are working, about to start a new job, or looking for work. If they are about to start a new job, please tell us their start date.
- Employer/Job Information: Please write the name of where they work, the total number of hours they work or will be working each week, their job schedule, and tell us if their schedule changes each week. If the schedule changes each week, please write the hours they worked last week.

Please fill out the information if the other adult is in a training program for work. If the adult is not in a training program for work or about to start one, please check "No" and go to the next section on the application.

- Please check Yes or No to tell us if the adult is in a training program for work or about to start one. If they are about to start one, please tell us their start date.
- Training Program Information: Please write the name of the training program or facility, the total number of hours they are at the training program or will be each week, their training schedule, and tell us if their schedule changes each week. If their schedule changes each week, please write the hours they attended the training program last week.

Please fill out the information if the other adult is going to college/taking classes. If the adult is not going to college/taking classes or is about to start college/classes, please check "No" and go to the next section on the application.

- Please check Yes or No to tell us if the adult is going to college/taking classes or about to start.
- School/College Information: Please write the name of the school or college, the day they started or will be starting college/taking classes, the total number of hours they are taking classes or will be each week, their class schedule, and tell us if their class schedule changes each week. If their schedule changes each week, please write the hours they attended classes last week.

Tell us about your household income.

In this section, please check Yes or No for you and anyone applying with you for each type of income.

- For each "Yes" answer, please write the name of the person who earns the income, the dollar amount or value, and how often the person gets paid (for example: weekly, monthly, biweekly, etc.).

Consents and Signature.

Please read this section or have someone read it to you. Please check the box. By checking the box, you are agreeing that everything on the application is correct and complete.

- **SIGNATURE**

Please sign your name and write the date. If you have filled out this application for someone else, sign your own name. If you are giving this application to the local department of social services electronically, an electronic signature (e-signature) is allowed.

- **PRINT NAME**

Please write your full name, first and last.

- **SIGNATURE OF OTHER ADULT(S)**

If your spouse lives with you or the other parent lives with you or individuals temporarily absent from the home who must contribute toward the needs of the household or another adult lives with you who is legally responsible for the child(ren) in need of child care, you **both** must sign the application.

- **PRINT NAME**

Please write your full name, first and last, if you are the spouse/other parent or other adult that lives in the home who is legally responsible for the child(ren) in need of child care.

Once you have completed the application, please give the application to the local department of social services of the county where you live.

NOTE: The last page of the *Application for Child Care Assistance* is an application to register to vote. If you want help filling out the voter registration form, please ask your local department of social services. Applying to register to vote will not change your eligibility for Child Care Assistance or the amount of assistance you will be given by this agency.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPLICATION FOR CHILD CARE ASSISTANCE

This application is for you to apply for non-guaranteed Child Care Assistance only. If you want to apply for other state benefits, including guaranteed Child Care Assistance, please use the *New York State Application for Certain Benefits (LDSS-2921)*. You can talk to your Local Department of Social Services if you have any questions or need help.
Please answer all questions that do not say optional. Please write clearly. Please do not write in the shaded areas.

Tell us about yourself.

Full name (Please include first and last name.) _____

Street Address _____ **Aliases:** _____
 Street: _____ Apt. No./Fl.: _____ City: _____ State: _____ County: _____ Zip Code: _____

Mailing Address (if different) _____
 Street: _____ Apt. No./Fl.: _____ City: _____ State: _____ County: _____ Zip Code: _____

Phone Number _____ **Phone Number Type**
 () - _____ Cell Phone Home Phone/Landline Work Phone

Email (*This is optional.*) _____

How would you like to be contacted? (*This is optional.*)
 Phone Email Other (Please tell us.) _____

Primary Language
 English Spanish Other (Please tell us.): _____

Marital Status
 Single Married Divorced Separated Widowed

Do you or any adult(s) applying with you receive any of the following benefits?

| | | |
|---|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Home Energy Assistance Program (HEAP) | <input type="checkbox"/> Head Start/Early Head Start |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Women Infants & Children Program (WIC) | <input type="checkbox"/> Cash Assistance from TANF |
| <input type="checkbox"/> Housing Vouchers or Assistance | <input type="checkbox"/> Other federal assistance programs such as Supplemental Security Income (SSI) | <input type="checkbox"/> None of these. |

Tell us about your household's circumstances.

Do any of these apply to you or any adult(s) applying with you?

- **Homeless** (no fixed, regular and adequate place to stay at night) Yes No
- A parent is on active duty (serving full time) in the **U.S. Military** Yes No
- A parent is a member of the **National Guard** or **Military Reserve Unit** Yes No
- Receiving or applying for other child care funding Yes No
 - If yes, please give us the agency name: _____
- Reason(s) child care is needed: _____

Tell us about everyone in your home.

| LN | First Name and Last Name | DATE OF BIRTH (MM-DD-YY) | SEX (M/F/X) | RELATIONSHIP TO YOU | Gender Identity <i>This is optional. (Please describe.)</i> | SOCIAL SECURITY NUMBER (SSN) <i>Optional</i> | Enter Y (Yes) or N (No) if Hispanic or Latinx (Optional) | | | | | | Does the child need child care? (Y/N) | FOR EACH CHILD in need of child care, please answer Yes or No. | | |
|----|--------------------------|-----------------------------|----------------|---------------------|--|--|--|---|---|---|---|--|--|--|------------------------------------|-----------------------------------|
| | | | | | | | Enter Y (Yes) or N (No) for each race* (Optional) | | | | | | | Is the child a U.S. citizen/national or has satisfactory immigration status? | Does the child have special needs? | Do both parents live in the home? |
| | | | | | | H | I | A | B | P | W | | | | | |
| 1 | | | | SELF | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | |

* Racial Affiliation Codes: H – Hispanic, I – Native American or Alaskan Native, A – Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White
 If you need more room or there is more information you think we might need, you can use extra pages.

Tell us about parent(s) who do not live in the home.

List all the children who need child care, whose parent does not live in the home.

| Names of children under 19 | Is the parent that does not live in the home available to provide care? | If no, please provide the reason. |
|----------------------------|---|-----------------------------------|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Tell us about your job and other activities.

| | | | | | | | |
|---|--------|---|---------|-----------------------------|---|--|----------|
| Do you need child care because you are working ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you about to start a new job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, start date: / / | | | Are you looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| EMPLOYER'S NAME | | | | TOTAL HOURS WORKED PER WEEK | | Does your schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TYPICAL WORK SCHEDULE – If your schedule changes, enter your schedule from last week. | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | | | | |
| Do you have more than one job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please use extra pages to give us more information about your other job(s). | | | | | | | |

| | | | | | | | |
|--|--------|---|---------|----------------------------------|--|--|----------|
| Do you need child care because you are in a training program for work ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you about to start a training program for work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, start date: / / | | | Does your schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| TRAINING PROGRAM NAME/FACILITY | | | | TOTAL HOURS OF TRAINING PER WEEK | | Does your schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TYPICAL TRAINING SCHEDULE – If your schedule changes, enter your schedule from last week. | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | | | | |

| | | | | | | | |
|---|--------|--|---------|---------------------------------|--|--|----------|
| Do you need child care because you are going to college/taking classes ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you about to start college/taking classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, start date: / / | | | Does your schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| SCHOOL OR COLLEGE NAME | | | | TOTAL HOURS OF CLASSES PER WEEK | | Does your schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TYPICAL CLASS SCHEDULE – If your schedule changes, enter your schedule from last week. | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | | | | |

Tell us about the other adult(s) applying with you and their activities.

| | | | | | | | |
|--|--------|--|---------|----------------------------------|---|---|----------|
| Whose job information is this? (Check one.) <input type="checkbox"/> Spouse <input type="checkbox"/> Other parent <input type="checkbox"/> Other adult | | Do they have more than one job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please use extra pages. | | | | | |
| Is the adult working ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is the adult about to start a new job? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date: / / | | | Is the adult looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| EMPLOYER'S NAME | | | | TOTAL HOURS WORKED PER WEEK | | Does the schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TYPICAL WORK SCHEDULE – If the schedule changes, enter the schedule from last week. | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | | | | |
| Is the adult in a training program for work ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Is the adult about to start a training program for work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, start date: / / | | | Does the schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| TRAINING PROGRAM NAME/FACILITY | | | | TOTAL HOURS OF TRAINING PER WEEK | | Does the schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| TYPICAL TRAINING SCHEDULE – If the schedule changes, enter the schedule from last week. | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | | | | |

| | | | | | | | |
|---|--------|--------|---------------------------------|---|---|--------|----------|
| Is the adult going to college/taking classes? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | Is the adult about to start college/taking classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, start date: / / | | | |
| SCHOOL OR COLLEGE NAME | | | TOTAL HOURS OF CLASSES PER WEEK | | Does the schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| TYPICAL CLASS SCHEDULE – If the schedule changes, enter the schedule from last week. | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | | | | |

Tell us about your household income.

| Let us know if you or anyone applying with you receives money from any of the following: | YES | NO | WHO? | GROSS AMOUNT | PERIOD (week, month, etc.) | WHO? | GROSS AMOUNT | PERIOD (week, month, etc.) |
|---|--------------------------|--------------------------|------|--------------|----------------------------|------|--------------|----------------------------|
| Income From Work (including wages/salary, overtime, commissions, training programs, tips) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Net Self-Employment Income | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Child Support Payments (received) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Alimony/Spousal Support (received) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Unemployment Insurance Benefits, Workers' Comp. | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Social Security Benefits (including SSI) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Disability Benefits (New York State, Veterans Affairs, Private) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Rental/Boarder/Lodger Income (received) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Dividends/Interest - Stocks, Bonds, Savings | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Pensions/Annuities | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Public Assistance (PA) Grant, Safety Net Benefits | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Other (Please specify.) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |

Consents and Notices

CHANGE REPORTING – I understand that I am responsible for *immediately* telling the Social Services District about anything that may change my eligibility or benefit including a change in family income, who lives in my home, employment, child care arrangements, or other changes that may affect my eligibility or the amount of my benefit.

PENALTIES – Federal and state laws have penalties (including fines and imprisonment) if you are not truthful when you apply for child care assistance, when you are asked about your eligibility, or if you cause someone else to be untruthful regarding your application or eligibility. Penalties also apply if you hide or do not share facts regarding your eligibility for child care assistance or if you hide or do not share facts that would affect the right of someone else that you have applied for to receive child care assistance. If you are an authorized representative and applying for someone else, child care assistance must be used for that person and not yourself. It is unlawful to get child care assistance by hiding information or giving false information.

CITIZENSHIP – I understand that getting assistance will not affect me or my family's immigration status. Immigration information is private and confidential, and I understand that this information will only be shared to make decisions about the Child Care Assistance Program.

CONSENT FOR INVESTIGATION – By signing this application, I agree to cooperate fully with any investigation to verify or confirm the information I have given and any other investigation in connection with my request for child care assistance. I will provide additional information if it is requested.

| |
|--|
| RESOURCES – I confirm that my family resources are not more than \$1,000,000. |
| JURISDICTION – I understand that if I move out of the Social Services District that determined my child care assistance eligibility, the information about myself, my child(ren), and anyone living in my home, may be given to any Social Services District I move to within New York State. By signing this application, I am allowing the information that is in my child care case file to be given to the new Social Services District that I move to, for my continued eligibility. |
| NON-DISCRIMINATION – This application will be considered without regard to race, color, sex, gender identity, sexual orientation, disability, religious creed, national origin, political belief, or any other factors prohibited by law. |

Attestation and Signature

Please read the notices and agreements above, check the box, and sign the application. By checking the box and submitting this application, you agree to the following:

- I agree that I have read and understand the notices in the section above.
- I understand and agree to the consents in the section above.
- I want to apply for child care assistance.
- I have been honest on this application, and it is complete to the best of my knowledge.

I attest that the information I provided on this application is correct and complete to the best of my knowledge.

| | | |
|--|-------------------|---------------------------|
| YOUR SIGNATURE X | PRINT NAME | DATE SIGNED / / |
| THE OTHER ADULT(S) SIGNATURE X | PRINT NAME | DATE SIGNED / / |

| | | | |
|---|---------------------|--|---------------------------------|
| FOR AGENCY USE ONLY: | | | |
| CASE NAME: | CASE NUMBER: | DISTRICT CASE TYPE: 40 | APPLICATION DATE: / / |
| SERVICES TRANSACTION TYPE: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recertification | | DISPOSITION: <input type="checkbox"/> Denial Reason Code: <input type="checkbox"/> Withdrawal | |
| ELIGIBILITY DETERMINED BY: | | DATE: / / | |
| ELIGIBILITY APPROVED BY: | | DATE: / / | |
| CHILD CARE AUTHORIZATION (DATES): FROM / / TO / / | | COMMENTS: | |
| L1 CIN: | L4 CIN: | | |
| L2 CIN: | L5 CIN: | | |
| L3 CIN: | L6 CIN: | | |



NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

- Yes** If you checked YES, please complete the VOTER REGISTRATION APPLICATION below
- NO** because I choose not to register **OR**
- I am already registered at my current address **OR**
- I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

X _____ / /
Signature Date

Please Print Name

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al **1-800-367-8683**

中文資料: 若您有興趣索取中文資料表格, 請電: **1-800-367-8683**

한국어: 한국어 한국어 양식을 원하시면 **1-800-367-8683**으로 전화 하십시오.

যদি আপদি এই ফর্ম ইংরেজীতে পূরণ করতে চান তবে **1-800-367-8683** িষরে পফাি করকি

VOTER REGISTRATION APPLICATION (instructions on back)

I need an application for an Absentee Ballot **Please print or type in blue or black ink** Yes, I would like to be an Election Day Worker

| | | | |
|-----------|---|---|---------------------------|
| 1 | Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO, <u>do not</u> complete this form | 2 A) Will you be 18 years old on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO to both of the prior questions, you <u>cannot</u> register to vote. | For Board Use Only |
| 3 | Last Name _____ First Name _____ Middle Initial _____ Suffix _____ | | |
| 4 | Address where you live (do not give P.O. box) _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____ | | |
| 5 | Address where you get your mail (if different than above) _____ P.O. Box, Star Route, etc. _____ Post Office _____ Zip Code _____ | | |
| 6 | Date of Birth / / | 7 | Gender (optional) |
| 8 | Telephone (optional) | | Email (optional) |
| 10 | The last year you voted _____ | Your address was (give house number, street and city) _____ | |
| 9 | In county/state _____ | Under the name (if different from your name now) _____ | |
| 11 | Political Party <input type="checkbox"/> I wish to enroll in a political party <input type="checkbox"/> Democratic party <input type="checkbox"/> Republican party <input type="checkbox"/> Conservative party <input type="checkbox"/> Working Families party <input type="checkbox"/> Other _____ <input type="checkbox"/> I do not wish to enroll in any political party and wish to be an independent voter. <input type="checkbox"/> No party | | |
| 12 | Affidavit: I swear or affirm that • I am a citizen of the United States. • I will have lived in the county, city or village for at least 30 days before the election. • I will meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. X _____ / / Signature or Mark in ink Date | | |

(Optional) Register to donate your organs and tissues

| | | |
|-------------------|--|--------|
| Last Name | | |
| First Name | Middle Initial | Suffix |
| Address | | |
| Birth Date / / | Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other | |
| Eye Color | Height Ft. in. | |
| Email | DMV or ID NYC Number | |

By signing below, you certify that you are:

- 16 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to NYS Donate Life Registry for enrollment;
- And authorizing the Registry to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health hospitals upon your death.



Signature

Date

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment;
- pre-register to vote if you are 16 or 17 years of age.

To Register You Must:

- be a U.S. citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere; and
- not found to be incompetent by a court.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729

Telephone: **1-800-469-6872**;

TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/ or information regarding the office to which the application was submitted, will remain confidential to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, pay check, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.
