



2 City Hall Plaza, 3rd Floor • Rahway, New Jersey 07065
 Phone: (973) 923-1433 Fax: (973) 923-1311
www.cccunion.org

Program you are applying for: Kinship Care Child Care Subsidy

Kinship caregivers are adults who are raising relatives' children in their own homes. To qualify you must prove you are a relative or legal guardian of the child and that the child lives with you. Eligibility rules are based on the caregiver's age, and income limits vary by age and family size. Those caregivers under the age of 60 must be working to be eligible for a child care subsidy. Caregivers over the age of 60 have a higher income limit and can qualify even if they are not working.

Childcare can be provided by any licensed or regulated child care center, school-aged and summer camp program, as well as registered in home providers that accept subsidy payments.

REQUIREMENTS FOR APPLICANT AND CO-APPLICANT:

1. **Must be a Union County Resident**
2. **Must be enrolled in a Full-time Activity under the age of 60:**
 - **Work:** A Minimum of 30 hours per week, 60 hours bi-weekly or 65 semi-monthly
 - **School/College:** 12 or more credits per regular semester (9+ credits in the summer)
 - **Certified Vocational Training:** 20 or more hours per week

Parents can combine these part-time activities to complete full-time requirements

3. **Must be under the maximum income guidelines according to their family size and not have assets that exceed \$1 million.**

For caregivers under age 60:

Family size of 2:	\$56,840
Family size of 3:	\$71,470
Family size of 4:	\$86,100
Family size of 5:	\$100,730
Family size of 6:	\$115,360

For caregivers age 60 or older:

Family size of 2:	\$81,200
Family size of 3:	\$102,100
Family size of 4:	\$123,000
Family size of 5:	\$143,900
Family size of 6:	\$164,800

For each additional family member add

\$14,630

For each additional family member add

\$20,900

4. **Must submit requirements on instructions page**
5. **Must contribute to cost of care (Co-pay)**

Completed applications may be brought in person or mailed to:

**Community Coordinated Child Care
 2 City Hall Plaza, 3rd Floor
 Rahway, NJ 07065**

Faxes and Incomplete applications will not be processed.

Follow us on Facebook: [CCCCUnionCounty](https://www.facebook.com/CCCCUnionCounty) and Twitter @CCCCUnionCty

Visit our website at: www.cccunion.org to download additional applications or for information on additional programs

Kinship Subsidy Eligibility Check List

Documents below are required for both applicant & co-applicant

WORKING FULL-TIME

Submit all of your pay stubs for the most current month totaling 4 weeks of pay.
Each pay stub must show a minimum of 30 hours a week, 60 hours bi-weekly or 65 hours semi-monthly.

If your paystubs do not show hours, attach a letter with the pay stubs from your employer on company letterhead indicating the number of hours worked per week, as well as, the number of months worked per year, annual salary or hourly rate.

ALL JOBS MUST BE REPORTED

SELF-EMPLOYED

You must submit your current IRS Federal Income Tax Return Transcript including the IRS Form 1040 "Schedule C" reflecting the Profit or Loss from the business. Please note once we receive your documents we must analyze and calculate to see if you meet the DHS/DFD income eligibility requirements. Please attach a letter self-attesting hours worked per week.

Transcript request: <https://www.irs.gov/individuals/get-transcript>.

ATTENDING COLLEGE

Submit your current official college/university schedule that indicates:
Your Name • The Current Semester • Total Credits (12 credits Fall/Spring & 9 credits summer)
If you have already registered for the upcoming semester, please submit the semester schedule

TRAINING PROGRAM

Submit a letter on official school letterhead stating:
Name of Program • Start and end date of classes • Total hours attending per week (at least 20 hours)

PART B OF APPLICATION

All income must be disclosed. Enter amounts of additional income
"DO NOT" leave any blanks. Enter "0" if you receive none in a certain category:
Unemployment • Child Support • Alimony • Social Security/Pension*

UNEARNED INCOME

Social Security/Pension/Cash Assistance: Attach a copy of a stub or annual benefit letter
Unemployment: Attach a copy of your unemployment earnings statement

CHILD SUPPORT

Submit a copy of the original court order and print the most recent full six (6) months disbursements for each child found on
www.NJChildSupport.org

If you have multiple cases, all cases must be printed, even if no disbursements are received.

If you do not have a court order but receive cash from the other parent, a letter must be submitted stating the amount received

ADDITIONAL INFORMATION

- Union County Address – *examples include: utility bill, etc.*
- Proof of Family Size – *examples include: Copy of your recent Federal Income Tax to prove dependents, court order/guardianship, etc.*
- Children – *Copy of child's birth certificate and social security card (Resident Alien Card copy for children born outside of the U.S.) for Kinship care: must provide court order or birth certificates for all parties to prove relationship*
- Families First Card copy – *For NJSNAP recipients only*
- Single applicants – will need to submit a letter of sole provider (*proof of address of the other parent may be requested*)
- If Divorced, submit a copy of the divorce decree
- If there is no household income reported ("0" income), a letter of support is requested.
- Photo ID ex. Driver's License for proof of age

PLEASE NOTE: ADDITIONAL DOCUMENTS MAY BE REQUIRED

CHILD SUPPORT REQUIREMENTS:

IF YOU HAVE A CHILD SUPPORT CASE FOR ANY OF YOUR CHILDREN ON THE NJKiDS SYSTEM, YOU MUST SUPPLY A RECENT PRINOUT OF THE DISBURSEMENT STATEMENT HISTORY, SHOWING THE LAST 6 MONTHS OF PAYMENT RECEIVED.

A COPY OF THE COURT ORDER FOR THIS AGREEMENT MUST BE SUBMITTED IN ORDER TO CLARIFY THAT THE CASE NUMBER BELONGS TO YOU AND THE CHILD, AS WELL AS TO VERIFY THE OBLIGATION AMOUNT.

THE NJKiDS WEBSITE IS: <https://caseinfo.njchildsupport.org>

YOU MUST ENTER YOUR “MEMBER ID” (CASE NUMBER) AND ESTABLISH A PIN NUMBER TO SEE YOUR CASE INFORMATION.

IF YOU HAVE A CASE AND DO NOT SUBMIT THE DOCUMENTS LISTED ABOVE YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THIS VERIFICATION.

IF YOU DO NOT HAVE ACCESS TO A COMPUTER/PRINTER, YOU CAN VISIT OUR OFFICE TO PRINT THE PAYMENT HISTORY FOR YOUR CASE(S).



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Community Coordinated Child Care
2 City Hall Plaza, 3rd Floor
Rahway, NJ 07065

N# _____

A Applicant/Co-Applicant Information Please Read Instructions, Print Clearly, Answer All Questions

1. PARENT/APPLICANT NAME SOCIAL SECURITY NO. DATE OF BIRTH

_____/_____/_____
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White

ETHNICITY: Hispanic/Latino: Yes No SEX: Male Female

Relationship of APPLICANT to children: Father Mother Legally Responsible Adult Foster Parent Other: _____

2. PARENT/CO-APPLICANT NAME (If Applicable) SOCIAL SECURITY NO. DATE OF BIRTH

_____/_____/_____
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White

ETHNICITY: Hispanic/Latino: Yes No SEX: Male Female

3. HOME ADDRESS (Number and Street)

City: _____ State: _____ Zip Code: _____

County: _____ School District: _____

4. HOME TELEPHONE: _____ **Email:** _____

5. NUMBER OF ADULTS IN FAMILY: _____ **NUMBER OF CHILDREN IN FAMILY:** _____ **TOTAL FAMILY SIZE:** _____

Family size includes parent, spouse, children for whom subsidy is requested, other dependent children, or adults claimed on applicant's or co-applicant's IRS 1040. In cases of kinship, family size includes the child for whom subsidy is requested and all dependents claimed on the grandparent's, aunt's or relative's IRS 1040. For DYFS cases, a child and any of his/her siblings living in the same home and who are in DYFS-paid out of home placement shall be counted to determine the size of the family.

B Family Income Information Attach Original Proof of Income - Most Recent Four Consecutive Weeks

Information is not required for DYFS-paid caregivers. Payments for DYFS children in out of home placement does not count as income.

For each source, enter income information either by week, bi-weekly, month or year. Include child support and/or alimony.

1. Wages and Salary (gross):
2. Pensions, Retirement:
3. Supplemental/Social Security Benefits:
4. Unemployment, Workmen's Compensation:
5. TANF Cash Assistance:
6. Child Support/Alimony:
7. Other: _____
8. TOTAL GROSS INCOME:

	PARENT/APPLICANT				PARENT/CO-APPLICANT			
	WEEK	2 WEEKS	MONTH	YEAR	WEEK	2 WEEKS	MONTH	YEAR
1. Wages and Salary (gross):								
2. Pensions, Retirement:								
3. Supplemental/Social Security Benefits:								
4. Unemployment, Workmen's Compensation:								
5. TANF Cash Assistance:								
6. Child Support/Alimony:								
7. Other:								
8. TOTAL GROSS INCOME:								

C Work/School/Training Information Proof of Current School Registration Must Be Attached

	PARENT/APPLICANT	PARENT/CO-APPLICANT
Name of PRIMARY Work/School/Training Site: Complete Address (Street, City, State, & Zip.: (If applicable, enter "Self-Employed")		
Telephone Number: () _____		
Check One: Enter Starting Date (Mo/Dy/Yr):	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____
Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr
Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip.: Telephone Number: () _____		
Check One: Enter Starting Date (Mo/Dy/Yr):	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____	<input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____
Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr

*** Incomplete Applications Will Not Be Accepted ***

NJ Child Care Subsidy Program Application Addendum

Family ID# _____

All families receiving a subsidy through the NJ Child Care Subsidy Program must provide the following information:

Are your family assets worth more than \$1,000,000?

No Yes

Is the **Applicant**:

On Active Military Duty No Yes

In the National Guard/Military Reserve No Yes

Self-Employed No Yes

Is there a Co-Applicant? No Yes

If Yes, is the **Co-Applicant**:

On Active Military Duty No Yes

In the National Guard/Military Reserve No Yes

Self-Employed No Yes

Are you homeless based on one or more of the following?

No Yes

- Living in an emergency or transitional shelter
- Staying in a motel, hotel, trailer park, or campground or sharing housing with other persons due to loss of housing, economic hardship, or similar reason
- Living in a car, bus/train station, park, abandoned building
- Living or sleeping in any public or private place that is not normally used as a residence or as a regular sleeping accommodation
- Living in substandard housing (i.e. no electricity, running water, etc.)

I hereby certify that all of the information provided is true and correct to the best of my knowledge. I also acknowledge that submitting false or misleading information, intentionally omitting information or intentionally causing others to omit or fail to report information is cause for denial or termination from the child care program and I may be subject to all legal and equitable remedies.

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date

D YES NO

All Questions Must Be Answered. Incomplete Applications Will Not Be Accepted. Supporting Documents Must Be Attached For Verification

- 1. Are you currently participating in the Food Stamp Program? Families First Card #: _____
- 2. Are you currently receiving/have you received assistance for child care with a Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) grant through the Work First New Jersey (WFNJ) Program within the last two years? If yes, indicate when benefits do/did expire by entering Month, Day and Year ____/____/____ and TANF case number: _____
- 3. Is your family an active case with the Division of Youth and Family Services (DYFS) and are the children for whom you are requesting subsidy residing with you? If yes, please give the name of the office: _____
- 4. Are you currently receiving a TANF grant? If yes, please indicate the TANF case number: _____
- 5. Do you or a member of your family have a chronic medical problem for which child care is recommended as part of a treatment/rehabilitation plan? If yes, indicate the name of the individual/agency authorizing the treatment plan and telephone number:
Agency Name: _____ Telephone #: () _____
- 6. Are you the head of the household in which you reside?
- 7. Are you currently homeless or at risk of becoming homeless?
- 8. Are the children for whom you are requesting child care assistance in a DYFS foster home, DYFS para-foster home, or DYFS pre-adoptive home. **If you are employed or participating in a school or training program, proof must be attached for DYFS purposes.**
- 9. Do you receive any cash or voucher assistance to specifically pay for housing?
- 10. Are you requesting assistance because the County Welfare Agency/Board of Social Services (CWA/BSS) informed you that you are ineligible for the Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) Program?
- 11. I understand that I am applying to the agency for: **VOUCHER** payment assistance **CONTRACTED** services in a community-based center
- 12. Do all of the children in this family have health insurance benefits? Yes No
If NO, do you wish to receive an application for NJ Family Care? Yes No

E Children Information

Include Each Child Needing Child Care Service and for Whom Assistance Requested. Use Addendum Form to Provide Information for Additional Children.

FULL NAME OF CHILD NO. 1 SOCIAL SECURITY NO. DATE OF BIRTH

_____/_____/_____
 _____ (Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White

ETHNICITY: Hispanic/Latino: Yes No **SEX:** Male Female

Indicate the hour/days/duration for which child care is needed: _____

Child has a special need: No Yes **If yes, state special need and attach verification:** _____

Child is a US citizen or a qualified alien? No Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): Denied Approved Waiting List Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____

Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

FULL NAME OF CHILD NO. 2 SOCIAL SECURITY NO. DATE OF BIRTH

_____/_____/_____
 _____ (Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White

ETHNICITY: Hispanic/Latino: Yes No **SEX:** Male Female

Indicate the hour/days/duration for which child care is needed: _____

Child has a special need: No Yes **If yes, state special need and attach verification:** _____

Child is a US citizen or a qualified alien? No Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): Denied Approved Waiting List Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____

Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

FULL NAME OF CHILD NO. 3 SOCIAL SECURITY NO. DATE OF BIRTH

_____/_____/_____
 _____ (Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White

ETHNICITY: Hispanic/Latino: Yes No **SEX:** Male Female

Indicate the hour/days/duration for which child care is needed: _____

Child has a special need: No Yes **If yes, state special need and attach verification:** _____

Child is a US citizen or a qualified alien? No Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): Denied Approved Waiting List Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____

Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

You May Be Required to Provide Additional Proof of Family Size, Income, Citizenship or Residency to Verify Eligibility. Supporting Documentation Required May Include Most Current IRS Form 1040, Utility Bill or Birth Certificate.



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Community Coordinated Child Care
2 City Hall Plaza
Rahway, NJ 07065

Parent/Applicant Name: _____
Social Security Number: _____ Date of Birth: ____/____/____

Complete for Each Additional Child for Whom You Are Requesting Subsidy

4 FULL NAME OF CHILD NO. 4 SOCIAL SECURITY NO. DATE OF BIRTH
_____/_____/_____
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.
RACE: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White
ETHNICITY: Hispanic/Latino: Yes No **SEX:** Male Female

Indicate the hour/days/duration for which child care is needed: _____
 Child has a special need: No Yes **If yes, state special need and attach verification:** _____
 Child is a US citizen or a qualified alien? No Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): Denied Approved Waiting List Pending
DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____
 Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

5 FULL NAME OF CHILD NO. 5 SOCIAL SECURITY NO. DATE OF BIRTH
_____/_____/_____
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.
RACE: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White
ETHNICITY: Hispanic/Latino: Yes No **SEX:** Male Female

Indicate the hour/days/duration for which child care is needed: _____
 Child has a special need: No Yes **If yes, state special need and attach verification:** _____
 Child is a US citizen or a qualified alien? No Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): Denied Approved Waiting List Pending
DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____
 Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

6 FULL NAME OF CHILD NO. 6 SOCIAL SECURITY NO. DATE OF BIRTH
_____/_____/_____
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.
RACE: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White
ETHNICITY: Hispanic/Latino: Yes No **SEX:** Male Female

Indicate the hour/days/duration for which child care is needed: _____
 Child has a special need: No Yes **If yes, state special need and attach verification:** _____
 Child is a US citizen or a qualified alien? No Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): Denied Approved Waiting List Pending
DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____
 Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

7 FULL NAME OF CHILD NO. 7 SOCIAL SECURITY NO. DATE OF BIRTH
_____/_____/_____
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.
RACE: American Indian or Alaskan Asian Black or African American Native Hawaiian/Pacific Islander White
ETHNICITY: Hispanic/Latino: Yes No **SEX:** Male Female

Indicate the hour/days/duration for which child care is needed: _____
 Child has a special need: No Yes **If yes, state special need and attach verification:** _____
 Child is a US citizen or a qualified alien? No Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): Denied Approved Waiting List Pending
DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____
 Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

Child Care and Early Education Service Eligibility Application Certification

READ CAREFULLY BEFORE SIGNING

I (we) hereby certify that all of the information provided is true and correct to the best of my (our) knowledge. I (we) know that submitting false information about my (our) situation, failing to give the necessary information or causing others to hold back information is against the law and may subject me (us) to prosecution. I (we) also understand that:

1. Acceptance of child care financial assistance is not for my (our) personal use or expenses and that federal, state and local public funds are and will be used as payment for costs that are directly associated with services rendered by a child care provider.
2. **It is unlawful** to obtain financial assistance for child care services by providing any false or misleading information, including but not limited to information about my eligibility and/or information that relates to child attendance for provider records, sign-in sheets or voucher payment forms. Examples of unlawful behavior include, but are not limited to:
 - **Failing to accurately report all sources of my (our) income.** Examples include, but are not limited to not reporting multiple sources of income, or an increase or decrease in wage/salary, child support payments, or alimony, or any other income.
 - **Failing to accurately report the amount of my income.** Examples include, but are not limited to reporting the accurate amount(s) of income from self-employment; rent from property ownership or changing or altering pay stub information.
 - **Failing to accurately report the number of household members.** Examples include, but are not limited to failing to report that my spouse or another parent/guardian is living in the household.
 - Pre-signing and dating voucher certification forms, sign-in sheets or other provider records used to track and verify child attendance.
 - Failing to accurately verify child attendance on voucher payment records/forms within the reporting timeframes.
3. This information is being given in connection with federal, state and local public funds and will be used through computer matching programs to confirm the accuracy of my (our) statements and verify my (our) income, resources and need for child care assistance, as warranted.
4. Providing the requested information, including the Social Security Numbers of Parent(s)/Applicant(s), is voluntary. Agency staff may use my (our) names and Social Security information with federal and state agencies and other sources deemed necessary for official examination. However, copies of birth certificates, social security and qualified alien resident cards, if applicable, are required for all children for whom subsidy services are being requested.
5. Failure to provide or deliberate misrepresentation of required information will result in the denial of my (our) application, termination of child care benefits to the family and referral to federal, state or local agencies for criminal or civil court action, garnishment of wages or tax intercept, as well as private claims collection agencies for claims action involving repayment and recovery of funds.
6. Providing false or misleading information in connection with my (our) application for child care financial assistance, and/or **failing to report within ten days any change in my (our) family size or family income or any other circumstances that might change my (our) eligibility, such as work/school/training status, may result in the termination of my (our) child care subsidy and make me (us) ineligible to apply for and/or receive subsidized child care for a period of six months for the first violation; for a period of 12 months for a second violation; and permanent disqualification for the third violation.**
7. If I receive financial assistance as a result of false or misleading information, I (we) may be responsible to repay the costs of child care and may be subject to a civil fine and possible criminal prosecution.
8. I (we) understand that in order to verify my (our) income and service need, an agency representative may need to contact my (our) employer(s). I (we) hereby authorize my (our) employer(s) to release information regarding my (our) income, pay scale, hours and schedule of work to the agency to which I am applying.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Unsigned applications cannot be processed. A copy of this document will be provided to you for your records.

DYFS USE ONLY

DYFS Case Manager Name and Number: _____ Date: _____

Note: _____

SAR has been completed; voucher payments for DYFS/CPS child care services are approved for the period ____ / ____ / ____ thru ____ / ____ / ____

DYFS Voucher Payment Authorization Signature: _____ Date: _____

CCR&R or CENTER-BASED CONTRACTED (CBC) PROVIDER USE ONLY:

Check One: Initial Application Re-determination Certification Date: ____ / ____ / ____

Family Size: _____ Annual Family Income: \$ _____

Family's Total Assessed Co-Payment, if applicable (Enter Amt. and Check One): \$ _____ WEEK MONTH

Check One: DENIED APPROVED PENDING

Staff Member Certification: _____ Date: _____

Note: _____

Name of CCR&R or CBC Provider: Community Coordinated Child Care of Union County



CHILDCARE REFERRAL INTAKE FORM

What are Referrals?

Referrals are a list of Child Care Centers, Family Care Providers and Summer Camps. These centers are Licensed or Registered by the State of New Jersey.

You will receive referrals from our agency. We do not warrant the information concerning any provider. We do not license, endorse or recommend any particular provider nor can we assure that any provider gives quality child care.

What we can do is give you the necessary tools when shopping for quality child care. Visit our website: www.cccunion.org

Name: _____ Phone Number:(____) _____

Address: _____ Apt.: _____ City: _____

Zip Code: _____ Email Address: _____ Hours of Care Needed? FT ____ PT ____

Child's First Name:	Child's D.O.B. :	Time Care is Needed:

Please Circle one of the following:

Basic Needs.

1. Which of the following would you like referrals on?
 - Child Care Centers • Family Care Providers • Summer Camp
2. Are you having trouble with housing expenses? Yes No
 - Heating Bill? Yes No Electric Bill? Yes No Housing/Rent? Yes No
3. Do you feel you are able to meet basic nutritional needs for your child and/or family? Yes No
 - Are you familiar with the WIC (Women, Infants, and Children) Program? Yes No
 - Do you need referrals to local food banks or pantries? Yes No
 - Are you familiar with SNAP? Yes No

Health Insurance and other related services.

1. Are you a recipient of NJ Family Care or other state subsidized health care plans? Yes No
 - If not, would you like more information on NJ Family Care? Yes No
2. Is your child meeting or on target for meeting basic developmental milestones? Crawling, walking, and talking when they should be? Yes No
 - Are you unsure about the previous question? Yes No
 - Would you like more information? Yes No

- 3. Do you need referrals for mental health services? Yes No
- 4. Would you like referrals for post-partum support? Yes No
- 5. Do you or your child have a disability or special need for which you need referrals for support? Yes No

Other:

- 1. Would you like referrals for clothing? Yes No
- 2. Would you like referrals for coats? Yes No
- 3. Would you like referrals for toy drives? Yes No
- 4. Would you like a referral for legal aid? Yes No

If you need additional community referrals please indicate below what types of referrals you require:

For Official use only

NW#: _____

Number of referrals given: _____

Program: _____

Referral Specialist: _____

Date: _____



Child Care and Early Education Service Eligibility Application



STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

Applicant Instructions for Completing the Child Care Eligibility Form

The following instructions are keyed to the various sections of this form. Please read carefully.

► INSTRUCTIONS FOR COMPLETING SECTION A

1. Enter your full name (last, first, middle initial), social security number and date of birth (month/date/year). Check one or more of the appropriate boxes provided to indicate your race. Check the appropriate box to indicate your ethnicity and sex. Check the appropriate box to indicate the relationship of the parent/applicant to the child(ren) for which you are making an application for assistance. If you are not an immediate relative (mother/father), please indicate whether you are another legally responsible person, a foster parent or other. If other, please specify.
2. If applicable (resides in household), enter the full name of your spouse or co-applicant, social security number and date of birth (month/date/year). Check the appropriate boxes provided to indicate the race, ethnicity and sex of the co-applicant/spouse.
3. Enter your home address and county in which you reside. Enter the school district which the child(ren) attends.
4. Enter your home telephone number.
5. Enter the "family size" meaning the number of adults (persons 18 years or older who are legally responsible for the children) and dependent adults (persons 18 years or older) who are in your immediate family unit, and the number of dependent children (persons under age 18).

Examples: In a single parent family with two children state: "# of Adults: 1, # of Children: 2."

In a two parent family with a dependent adult (grandparent) and two children state: "# of Adults: 3, # of Children: 2."

Note: If as a single parent, you and your child(ren) live with your mother and father, you would **NOT** include the grandparents in the family size.

► INSTRUCTIONS FOR COMPLETING SECTION B

Provide Income Information Based on the Current Year. Fill In All Blanks. List Gross Figures Unless Otherwise Indicated. If You Receive None in a Certain Category, Write "0."

For each adult (applicant co-applicant or other dependent adult) residing in the household unit, list all current income information. Columns are provided to enter income information either by week, every two weeks, month or year. For separated or divorced spouses, include only that income (i.e., child support or alimony) which is available to the custodial family.

1. List all gross income due to wages and salary.
2. List all benefit income received from pensions and retirement.
3. List all benefit income received from Supplemental Security Income (SSI).
4. List all benefit income received from unemployment and workmen's compensation.
5. List all benefit income received from public assistance (TANF).

6. List income received from an absent parent for child support or alimony.
7. Include any other income received which is required to be listed for federal and state tax reporting purposes.
8. Indicate the annual total of all sources of income.

► INSTRUCTIONS FOR COMPLETING SECTION C

Provide Information of Current Work, School and/or Training Activity for Applicant and Co-Applicant (if applicable).

1. Enter the name, complete address and telephone number of Primary Work/School/Training Site.
2. Check the appropriate box to indicate if activity is work, school or training.
3. Enter your starting date (month/date/year).
4. Check the appropriate box to indicate if Work/School/Training activity is full time, part time or seasonal. Enter the number of hours per week and months per year spent at site.
5. Include the information for your Secondary Work/School/Training activity (if applicable).

► INSTRUCTIONS FOR COMPLETING SECTION D

Questions 1-9. Check the appropriate box (either "Yes" or "No") for each question. If you answer "Yes" to any of questions 2-5, provide the requested information.

Questions 10. Check the appropriate box to indicate if you are applying for assistance because you are ineligible for the TANF or TCC programs.

Questions 11. Check whether you understand you are applying for voucher or contracted child care services.

Questions 12. Check whether all of the children in your family have health insurance and if you wish to receive an application for NJ Family Care.

► INSTRUCTIONS FOR COMPLETING SECTION E

1-2. Enter full name (last, first, middle initial), social security number and date of birth (month/date/year) for each child for whom assistance is requested. Check the appropriate boxes provided to indicate race, ethnicity and sex of child(ren). Indicate the hours, days and duration for which child care is needed. Check the appropriate box to indicate if the child(ren) has a special need, if yes, state the need. Check the appropriate box to indicate if the child is a US citizen. If yes, attach a copy of the child's birth certificate and social security card. Proof of the child's citizenship is not required for Abbott, Child Protective Services, Kinship or Post-Adoption subsidies.

► INSTRUCTIONS FOR COMPLETING SECTION F

After reading the certification, applicant and co-applicant (if applicable) sign on the appropriate line and include the date.