



2 City Hall Plaza, 3rd Floor • Rahway, New Jersey 07065  
 Phone: (973) 923-1433 Fax: (973) 923-1311  
[www.cccunion.org](http://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, 3<sup>rd</sup> 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](http://www.cccunion.org) to download additional applications or for information on additional programs

# Kinship Eligibility Checklist

## Documents below are required for both Applicant & Co-Applicant

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

Naccrra # \_\_\_\_\_

### Step 1 > Proof of Full-Time Activity (Required)

#### Work Verification: (All Jobs must be reported)

- 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**

- New Employees ONLY** : submit an employer letter on company letterhead indicating your start date, hourly rate and payment frequency. The letter must also indicate how many hours a week you are guaranteed to work and the date you are expected to receive your first pay check. *(If approved for subsidy you will be required to follow up with pay stubs)*

- Self Employed:** You must submit your current IRS Federal Income Tax 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.

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

#### College/School Training:

- Submit your current official college/university schedule that indicates:

**Your Name • The Current Semester • Total Credits**  
**(12 credits Fall/Spring & 9 credits summer)**  
**Online Classes are not Accepted**

- 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)**

**For Applicants in School Only who do not receive Unemployment and have no household income "0"**

- A letter of support is required

### Step 2 > Additional Income (Required if received)

#### Attach an award letter indicating the rate and frequency of the income received from each source you checked below

- |   |   |
|---|---|
| <input type="checkbox"/> Unemployment         | <input type="checkbox"/> Retirement/ Pension        |
| <input type="checkbox"/> Social Security      | <input type="checkbox"/> Disability Benefits        |
| <input type="checkbox"/> Child Support        | <input type="checkbox"/> Veterans/Military Benefits |
| <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Alimony                    |

### Step 3 > Child Support (Required if ordered)

#### Court Ordered Child Support

- Submit a copy of the original court order and recent full six (6) months disbursements for each child found  
 Visit: [www.NJCHILDSUPPORT.ORG](http://www.NJCHILDSUPPORT.ORG)

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

#### Child Support by Mutual Agreement

- If the Child Support is received by mutual agreement, Submit a letter from the child's other parent stating amount and frequency.

### Step 4 > Applicant/ Co-Applicant ID (Required)

#### Submit one of the following

- Driver's License  
 Passport  
 Resident Alien Card

### Step 5 > Children's Information (Required)

- Copy of all children's Birth Certificates that reside with you and (Attach a copy of the US Passport, Naturalization Certificate or Resident Alien Card. *(If applicable)*)
- Copy of Social Security Cards for all children that require child Care assistance

### Step 6 > Proof of Address (Required)

- Current Utility Bill  
 Current Mortgage Property Tax Bill  
 Current Letter from State/ Government Agency

### Step 8 > Other documents you may need:

- Special Needs : If your child has a disability/ special need please provide documentation
- Copy of Families First Card

### Step 7 > Letter of sole provider (Required)

- Attach a letter of sole provider indicating all of the below:
- Whether you are single, separated or divorced.
  - Whether or not you receive child support.
  - Attach a proof of address for the other parent
  - If you do not have contact with the parent you must indicate this in the letter.

### Step 9 > Complete all required sections below: (Required)

- Section A-D including the addendum page  
 Section F (Sign the Certification Page)  
 Attach Recent Tax Return

**Proof of Relationship/Custody: Birth Certificates for all parties to prove relationship or Court Order indicating Relationship & Custody (required)**

By signing here you agree that have read and submitted all the documents required. Please be sure you have placed a check mark in each box indicating you have attached the documents. You also understand that this process may take up to ten days for review and you may be asked for additional documents. Receipt of this application does not guarantee childcare subsidy payment.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **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 \***



**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:

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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





- 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:**

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**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.