

## APPLICATION FOR CHILD CARE ASSISTANCE

Application Date \_\_\_\_\_ Worker: \_\_\_\_\_ Case Type: **40** District: \_\_\_\_\_ Case Number: **S** \_\_\_\_\_ Service Trans. Type:     
 Case Name \_\_\_\_\_ Disposition: Denied  Reason Code  WD  *Shaded Areas for Office Use Only*  
 New Op Reop Recert

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Residence Address \_\_\_\_\_ City \_\_\_\_\_, NY Zip Code \_\_\_\_\_  
 Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_, NY Zip Code \_\_\_\_\_  
 Former Address \_\_\_\_\_ Other phone numbers where you can be reached \_\_\_\_\_ Marital Status \_\_\_\_\_

**List everyone who lives with you even if they are not applying. List yourself first.**

	First Name	M I	Last Name	Date of Birth	Social Security Number (SSN) <i>Optional</i>	Sex M or F	Does this child need child care?		Relation- ship to you	Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*						
							Yes	No		Yes	No	I	A	B	P	W		
1									SELF									
2																		
3																		
4																		
5																		
6	2																	
7																		
8																		

\* Race/Ethnic Codes: **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** - White

Please list maiden or other names by which you or anyone in your household has been known	First Name	M I	Last Name

Are you currently receiving or applying for Temporary Assistance through a different application? Yes  No  3  
 Are you currently receiving or applying for other Child Care funding? Yes  No  If yes, name of agency: \_\_\_\_\_

*You may use the back page if you need more room or there is other information that you think we might need*

List names of everyone under 21 who are living in the household and write the absent parent's name and address.

Name of Person Under 21	Absent Parent's Name and Address
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Do you need child care so you can work? Yes  No  If no, list reason child care is needed \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
*(If self-employed, list the name of your company)*

Start Date of Job: \_\_\_\_\_ Hours per Week: \_\_\_\_\_ Pay Rate: \_\_\_\_\_ Gross Pay: \_\_\_\_\_

Is this a job with rotating shifts? Yes  No  Are you required to work overtime? Yes  No  5

List the Scheduled Days and Hours of Employment (e.g., Mon. through Fri. 8 a.m. – 4 p.m.): \_\_\_\_\_

<b>INCOME - ANSWER ALL QUESTIONS LISTED BELOW</b>					
Indicate if you or anyone who lives with you receives money from :	Yes	No	Gross Amount	Period (e.g., week, month, etc)	Who Receives? 6
Employment/self-employment including overtime, commissions, training programs, tips					
Child Support Payments (received)					
Alimony/Support (received)					
Unemployment Insurance Benefits					
Social Security Benefits (including SSI)					
Disability Benefits (NYS, VA, Private)					
Rental/ Boarders/Lodgers Income (received)					
Other (please specify)					
<i>Office Use Only</i>					

**READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM**

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**PENALTIES** – Your application may be investigated. By signing this agreement you are consenting to cooperate in such investigation. Federal and State laws provide for penalties of fine, imprisonment or both if you do not tell the truth when you apply for Child Care Assistance, at any time when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone for whom you have applied to obtain or continue to receive Child Care Assistance and such Child Care Assistance must be used for the other person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

**CHANGES** – I agree to inform the agency **immediately** of any change in my needs, income, living arrangement or address to the best of my knowledge or belief. I agree to inform the agency **immediately** of any change in child care arrangements, including where child care is provided, who is providing care, provider’s fees, and hours for which child care is needed.

**CONSENT** – I understand that by signing this application form, I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for Child Care Assistance. If additional information is requested, I will provide it.

**NON-DISCRIMINATION NOTICE** – This application will be considered without regard to race, color, sex, disability, religious creed, national origin or political belief.

**CERTIFICATION OF CITIZENSHIP/ALIEN STATUS FOR CHILD CARE ASSISTANCE - I hereby certify, under penalty of perjury, that all the children in need of Child Care Assistance** \_\_\_\_\_

*(list the names of all the child(ren) that are in need of child care assistance)*

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATION: I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to the local Department of Social Services relating to Child Care Assistance is correct.**

APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED	HUSBAND/WIFE SIGNATURE	DATE SIGNED

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*Please return to the address below:*

*Chenango County Department of Social Services*

*Attn: Child Care Assistance Program*

*P.O. Box 590, 5 Court Street, Norwich, New York 13815*

*Phone: 607-337-1500 or 1-877-337-1501 Fax: 607-334-8768*

Use this area for additional information:

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I CONSENT TO WITHDRAW MY APPLICATION. I understand I may reapply at any time.

SIGNATURE \_\_\_\_\_

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DATE \_\_\_\_\_

***For Agency Use Only***

Eligibility Determined by \_\_\_\_\_ Date \_\_\_\_\_

Eligibility Approved by \_\_\_\_\_ Date \_\_\_\_\_

Child Care Authorization Period: From \_\_\_\_\_ To \_\_\_\_\_

Comments: