

Chenango County Department of Social Services

HOW TO COMPLETE THE APPLICATION FOR CHILD CARE ASSISTANCE AND IMPORTANT INFORMATION

Applying Only for Child Care Assistance

If you are only applying for Child Care Assistance, you can use this shorter application. If you want to apply for other benefits such as Temporary Assistance, Food Stamps, Home Energy Assistance, Medicaid or other services, please ask for a different application. *This application can only be used to apply for Child Care Assistance.*

When You Are Applying For Child Care Assistance

- You can file an application the same day you receive it. If you are eligible, benefits will be provided back to the date you filed your application.
- You can file your application in person or by mail.
- We will accept your application if, at a minimum, it contains your name, address, and a signature. However, the application must be completed for us to determine your eligibility.

How to Complete the Application For Child Care Assistance

- Please PRINT clearly in blue or black ink.
- Do NOT print in the shaded areas.
- Be sure to complete each section.
- If you are applying as someone's representative, please print information about that person not yourself.

SECTION 1: APPLICANT INFORMATION

- Please PRINT your legal name including your first name, middle initial and last name; home telephone number, and the full address where you live.
- MAILING ADDRESS: PRINT your mailing address if it is different from your residence.
- FORMER ADDRESS: If you have moved in the last year, enter your previous address.
- OTHER PHONE NUMBERS: Enter other phone numbers where you can be reached.

SECTION 2: HOUSEHOLD MEMBERS INFORMATION

- **LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.**
- PRINT your full name first. Then PRINT the names of the other people who live with you.
- PRINT the date of birth and sex for each person applying. Those considered applying are the child (or children) in need of care, their parents (including a stepparent) and siblings under 18 who are in the household.
You may but do not have to list Social Security Numbers. Social Security Numbers may be used by federal, State and local agencies to prevent duplication of services and fraud and for federal reporting. Check (✓) Yes or No to tell us which *child* is in need of Child Care Assistance.
- For **each** person in the household, PRINT how they are related to you (e.g., wife, son, friend, etc.).
- Check (✓) Yes or No to indicate if each person applying is Hispanic or Latino or not.
- Enter Y (Yes) or N (No) for each of the race/ethnic codes. Race/Ethnic codes: **I** - Native American or Alaskan Native, **A** - Asian, **B** - Black or African American, **P** - Native Hawaiian or Pacific Islander, **W** - White
Note: This information is required by the Federal government, but is for statistical purposes only. If you do not fill out this section, an interviewer in the agency may fill it out based on observation.

- List any aliases or maiden names of you or anyone in your household.

SECTION 3: OTHER PROGRAMS

- Answer all the questions in this section.

SECTION 4: HOUSEHOLD MEMBERS UNDER 21 AND ABSENT PARENTS

- For anyone in the household under the age of 21, you must list the individual's name and the absent parent's name and address.

SECTION 5: EMPLOYMENT INFORMATION

- Complete this section on why you need care, the start date of your job, the number of hours per week that you will work, pay rate - how will you be paid (hourly, weekly, bi-weekly, monthly etc.), and your gross pay (the amount of your pay check before anything, such as, taxes is taken out).

SECTION 6: OTHER INCOME

- In this section, indicate if you or anyone who lives with you is receiving income. For any 'Yes' answers, list the gross amount of income for the period which it is received (e.g., week, bi-weekly, semi-monthly, monthly) and who receives it.

SECTION 7: LEGAL STATEMENTS

- **Read this section carefully** or have someone read it to you. You **must complete and sign** this written certification of citizenship for the children in need of Child Care Assistance.

SECTION 8: SIGNATURES

- Sign your name. If you have filled out the application for someone else, sign your name. Date the application. If your spouse lives with you, both of you **must** sign the application.

SECTION 9: ADDITIONAL INFORMATION

- Use this section to let us know additional information that you think we might need to know.

SECTION 10: CONSENT TO WITHDRAW

- If you decide you no longer wish to apply for Child Care Assistance, sign your name and enter date. You may reapply at any time.

In addition to the *Child Care Services Application*, make sure you have been given 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 contain important information about your rights and responsibilities.

These booklets and additional information can also be accessed and viewed on our Agency website under Main Menu – Assistance FAQs. <http://ccdss.peppytech.com>