



## Child Care Connection

Date: \_\_\_\_\_

Dear \_\_\_\_\_,

Attached is the application for the New Jersey Cares for Kids (NJCK) Certificate Program. Please complete ALL areas of the application. If a section of the application does not apply to you, please mark that section N/A (not applicable). Incomplete applications will not be processed. Please note that fully completed applications are reviewed in date order of receipt. You will be notified of the status by mail.

In a 2-parent household both parents must be included on the application and must document their eligibility. Failure to include documentation with your application will result in the rejection of the application without further processing.

All family income must be documented including things such as income from wages, pension, SSI, unemployment, workmen's compensation, TANF cash assistance, child support, and alimony.

Income from employment must be documented for the 4 weeks immediately prior to the date the application is signed. Employed parents/guardians must submit original, current and consecutive pay stubs.

Parents/guardians who are in school or training must submit an original school schedule indicating credit hours/courses. The school schedule must be signed and dated by a school official or registrar.

Regulations also require that applicants submit copies of social security cards and birth certificates for the children for whom you are requesting child care. In addition, please submit copies of the birth certificates for all dependent children included in the family size. A child support payment history must also be provided for all child support cases that exist for your family. This must be provided whether the payments are current or not. Failure to provide this documentation will delay the processing of your application.

Please be sure to fully complete, sign and date the application. An application with missing information may be denied, requiring you to complete a new application packet. This will further delay a decision on your family's eligibility for child care subsidy.

To view a Power Point presentation that may assist you with the application process for the NJCK subsidy program, please visit our website at [www.childcareconnection-nj.org](http://www.childcareconnection-nj.org).

- Click on the *FAMILIES* tab
- Click on *FINANCIAL ASSISTANCE FOR CHILD CARE*
- Click on *NJ Cares for Kids*
- Click on "*view this PowerPoint presentation*".

If you need assistance completing the application, please call us at (609) 989-8035.

Sincerely,

NJCK Staff  
Child Care Connection

### PLEASE NOTE:

Child Care Connection will keep your original pay stubs with your case file unless you submit a written request to have them returned to you!

The Child Care Connection, Inc.  
1001 Spruce Street, Suite 201  
Trenton, NJ 08638-3957



(609) 989-7770  
Fax: (609) 989-8060  
[www.childcareconnection-nj.org](http://www.childcareconnection-nj.org)



# 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.

# NJ CHILD CARE SUBSIDY PROGRAM

## Documentation Checklist

Below is a **general list** of required documents for each section of the Child Care Subsidy Program Application that must be submitted for **initial** eligibility consideration. Additional documents may also be required based on program requirements. Please contact and check with the Child Care Resource and Referral Agency (CCR&R) if you have questions or need assistance. You can reach your local CCR&R at 1-800-332-9227 or by visiting [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov).

### IDENTIFICATION

For each applicant/co-applicant, **submit one** of the documents from **Column A**. If you are unable to provide from **Column A**, you may **submit two** documents from **Column B**:

#### COLUMN A (PRIMARY DOCUMENTATION)

Submit one:

- Driver's License
- Government Issued Photo ID Card
- Military Photo ID Card
- Employer Issued Photo ID
- School Photo ID
- Passport
- Permanent Resident Card (Green Card)

OR

#### COLUMN B (SECONDARY DOCUMENTATION)

Submit two:

- High School Diploma, GED, or College Diploma
- Health Insurance Card or Prescription Card
- Printed Paystub
- Birth Certificate (applicant/co-applicant or child's)
- Social Security Card

### ADDRESS

For any applicant/co-applicant, **submit one** of the following to verify residence\*:

- Current Rental/Lease Agreement or Mortgage Bill
- Court decree (if applicable)
- School records showing residence
- Custody Agreement or other court documents for guardianship
- Home utility bills
- Medical documentation
- Vehicle Registration or Title or NJ Driver's License
- Most recent filed tax forms showing dependency (For dependents 18+, must provide filed IRS 1040 Form)

*\*If you or your child are homeless and do not have a fixed address, please contact your CCR&R for assistance.*

### RELATIONSHIP AND HOUSEHOLD SIZE

For **any child in need of child care services**, submit the following to prove relationship:

- Child's Birth Certificate
- Court decree (if applicable)
- Custody Agreement or other court documents for guardianship (if applicable)

For each **dependent residing in the home** and included in the family size, **submit one** of the following to verify family size:

- Birth Certificate
- Court decree (if applicable)
- Custody Agreement or other court documents for guardianship (if applicable)
- Most recent filed tax forms showing dependency (For dependents 18+, must provide filed IRS 1040 Form)

# NJ CHILD CARE SUBSIDY PROGRAM

## Documentation Checklist Continued

### CHILD CITIZENSHIP STATUS

For any child in need of care, **submit one** of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> U.S. Birth Certificate         | <input type="checkbox"/> Permanent Resident Card (Green Card)  |
| <input type="checkbox"/> Certificate of Citizenship     | <input type="checkbox"/> USCIS Form I-551 (Alien Registration Card)  |
| <input type="checkbox"/> U.S. Passport or Passport Card | <input type="checkbox"/> Refugee Travel Document (Form I-571)  |
| <input type="checkbox"/> Social Security Card           | <input type="checkbox"/> USCIS/INS Form I-94 stamped "Refugee", "Parolee", "Asylee", or "Notice of Action" |

### INCOME

#### INCOME FROM EMPLOYMENT:

- Must provide current one month's worth of current pay stubs (e.g. 4 weekly, 2 biweekly, etc.)

**NEW EMPLOYMENT ONLY:** If paystubs are not available

- Employer letter on company letterhead (signed/dated) Must include rate of pay, hours worked per week, employer contact information, and first date of employment; or
- DFD "Verification of Employment" Form  
**If approved for subsidy, applicant/co-applicant will be required to follow up with pay stubs.**

- SELF-EMPLOYED ONLY:** Submit Current IRS Tax Transcript of Form 1040 Schedule C, "Profit or Loss from Business"

- UNABLE TO WORK or INCAPACITATED:** DFD "Parent Incapacitation Verification" Form

#### OTHER INCOME OR BENEFITS TO FAMILY UNIT:

Documentation must show the rate and frequency of the income received from the sources below:

- Unemployment documentation
- Pension documentation
- Worker's Compensation
- Social Security award letter
- Retirement/Pension
- Spousal Support/Alimony
- Veterans/Military Benefits
- Disability Benefits
- Child Support – minimum of 6 months of Payment/Disbursement History  
*(Note: If child support or alimony is not court ordered, write the amount you receive monthly in Section C of the application)*
- Any other income required for federal/state tax reporting purposes

### SCHOOL/TRAINING

For each applicant/co-applicant, **submit one** of the following:

- SCHOOL:** Detailed school schedule naming the school and the student, including days and hours attending, credits, start and end date
- TRAINING PROGRAM:** Letter on Program letterhead (signed/dated) indicating name of program, start and end date and weekly schedule



# Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Child Care Connection  
1001 Spruce St., Suite 201  
Trenton, NJ 08638  
(609) 989-8035

## 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: \_\_\_\_\_

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

\* 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?
- 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:



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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**F**

# 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: \_\_\_\_\_





STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF FAMILY DEVELOPMENT

# NJ CHILD CARE SUBSIDY PROGRAM

## Application Addendum

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

Note: Assets may include but are not limited to, personal bank accounts, business accounts, real estate, and personal property.

If the primary language spoken in your home is **not** English, please specify that language: \_\_\_\_\_

### Is the Applicant:

On Full-Time 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, are they:

On Full-Time 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

### DISCRIMINATION

This program prohibits discrimination in determining eligibility for child care assistance.

If you believe you have been discriminated against by the New Jersey Child Care Subsidy Program because of race, color, disability, religion, national origin or another reason, you can contact:  
Office of the Director, Division of Family Development, N.J. Department of Human Services, P.O. Box 716, Trenton, New Jersey 08625



**Child Care Connection**

## Do you have a physical or mental condition that makes it harder for you to do what the State regulations require?

If you have a physical or mental condition that makes it harder for you to do what the State regulations require, you may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

These laws protect people with many different conditions, including diabetes, heart disease, HIV/AIDS, mental health problems, learning disabilities, a history of drug or alcohol addiction, depression, and difficulty with walking, seeing, or hearing. You can tell us if you think you have a disability.

If you cannot do something that we ask you to do, we may be able to help you do it. Here are some ways that we can help:

- We can explain your paperwork or responsibilities in another way.
- We can help you complete your paperwork, in person (at our office) or on the telephone if you cannot come to our office.
- We can give you more time to complete your paperwork.

You can choose to give us information regarding your disability. However, in order to assist you, we may share this information with others who are responsible for this program. If you choose not to tell us about your disability, and it is not obvious to us, Child Care Connection is not responsible for providing an accommodation for you.

If you ask for help and don't get it, you can file a complaint with Child Care Connection's ADA coordinator, Cecilia Aerstin, at 609/989-7770, ext. 132.



**Child Care Connection**

REQUEST FOR ADA ACCOMMODATION

Date: \_\_\_\_\_

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

Case ID: \_\_\_\_\_

Accommodation requested: \_\_\_\_\_

Reported disability: \_\_\_\_\_

Documentation of disability provided  yes  no

Documentation of disability: requested  yes  no

: date received \_\_\_\_\_

Accommodation request:

approved

denied

alternate accommodation offered \_\_\_\_\_

Rationale for decision: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accommodation provided: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_



## Child Care Connection is here to help with your child care needs!

- Child Care Connection has staff available to help you find child care. Call **609/989-8101** to speak with a referral counselor.
  
- Child Care Connection's website has information available to help you choose quality child care. Visit [www.ccc-nj.org](http://www.ccc-nj.org) and choose *Parent Education* from the *Families* drop-down menu at the top of the page ([www.childcareconnection-nj.org/parent-education](http://www.childcareconnection-nj.org/parent-education)). There is a selection of *Forms & Resources* at the right of the page to help you with your child care search. You can also search for providers in Mercer County on our website by selecting *Child Care Referrals* option from the menu at left.
  
- Did you know New Jersey has a quality rating and improvement system? Although it is fairly new, the number of participating programs is growing. For more information, go to [www.grownjkids.com](http://www.grownjkids.com). The website provides information on the participating centers and family child care providers.
  
- New Jersey also has child care center inspection reports available on line! Parents can review inspection records to view the type of licensing violations centers have recently incurred. To look up a center you are interesting in using, go to [https://data.nj.gov/childcare\\_explorer](https://data.nj.gov/childcare_explorer). **Inspection reports can be found on the far right side.**