

Connecting Families to Quality Child Care Resources

**New Jersey Cares for Kids
Child Care Subsidy Program (NJCK)**

- The child care subsidy through the NJCK Program may assist you to pay for child care for infants, toddlers, preschool-age children, school-age children up to the age thirteen (13), and for children with special needs up to age nineteen (19).
- You may be required to pay a fee (co-payment) toward the cost of child care services, payable directly to your child care provider.

To qualify for this program you must reside in Middlesex County, work full-time (30+ Hours per week) or be a full-time student (12+ Credits or 20+ Hours per week - 9 credits for summer) or a combination of both part-time work & part-time school to equal full-time and you must meet the income guidelines administered by the State of NJ.

INCLUDE THE FOLLOWING:

Employment:

- A month's worth of current paystubs. Each paystub must show a minimum of 30 weekly hours or 60 hours bi-weekly.

If your paystubs do not show hours also attach a letter from your employer on company letterhead indicating the number of hours you work per week, and your hourly rate.

Self-Employed:

- Provide your most current IRS Income Tax Returns AND Transcript, Schedule C or C-EZ Form 1040 / Profit & Loss form. Transcripts can be requested online at <https://www.irs.gov/individuals/get-transcript>

Attending College:

- Current school schedule(s). Schedule must indicate: your name, start & end date of classes/current term, & total credits. If schedule does not indicate this information provide a letter from school on school letterhead. **"Online courses are not accepted."**

Attending a Training Course or High School:

- A letter from your school on letter head verifying your start & end date and total of hours you attend per week.

Child Support:

- If court ordered you must log in at <https://www.njchildsupport.org> & provide: Disbursement to CP report & Obligation page. If the child support you receive is cash: Provide a notarized letter from child's father indicating the amount he provides & how often you receive it.

Other Income & Documents:

- Verification of other income such as 2nd employment, SSI, unemployment, disability, etc.
- Proof of TANF and Housing Assistance (If you receive this)
- Copy of children's birth certificate and social security cards
- Copy of your Families First / EBT Card if you are currently receiving Food Stamps or WFNJ/TANF
- ***Co-Applicant must also provide the same information indicated above***

EMAIL THIS APPLICATION WITH THE REQUIRED DOCUMENTS TO:

midapplications@CommunityChildCareSolutions.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.



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STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:
Community Child Care Solutions
 103 Center St., Perth Amboy, NJ 08861
 732-324-4357
 email:
midapplications@communitychildcaresolutions.org

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.	PARENT/CO-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

Name of PRIMARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): (If applicable, enter "Self-Employed")	PARENT/CO-APPLICANT	
	Telephone Number: () _____ <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Check One: Enter Starting Date (Mo/Dy/Yr): _____ 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	Telephone Number: () _____ <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Check One: Enter Starting Date (Mo/Dy/Yr): _____ 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
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 Check One: Enter Starting Date (Mo/Dy/Yr): _____ 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	Telephone Number: () _____ <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Check One: Enter Starting Date (Mo/Dy/Yr): _____ 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

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.



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ADDRESS REPLY TO:
Community Child Care Solutions
103 Center St., Perth Amboy, NJ 08861
732-324-4357
email: midapplications@communitychildcaresolutions.org

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: _____

NJ CHILD CARE SUBSIDY PROGRAM

Documentation Checklist

Below is a list of required documents for each section of the Child Care Subsidy Program Application that must be submitted for eligibility consideration. Please contact 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 visit www.ChildCareNJ.com.

IDENTIFICATION

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

- | | |
|--|---|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Passport |
| <input type="checkbox"/> State or employer issued picture ID | <input type="checkbox"/> Permanent Resident Card (Green Card) |

For each dependent, regardless of if they require child care, provide any one of the following to prove relationship to child and verify family size:

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Court decree | <input type="checkbox"/> Medical documentation |
| <input type="checkbox"/> School enforcement showing residence | <input type="checkbox"/> Most recent filed tax forms showing dependency (For dependents age 18+, must provide Filed IRS 1040 Form) |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship | |

ADDRESS

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

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Court decree | <input type="checkbox"/> Medical documentation |
| <input type="checkbox"/> School enforcement showing residence | <input type="checkbox"/> Most recent filed tax forms showing dependency (For dependents age 18+, must provide Filed IRS 1040 Form) |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship | |

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

INCOME

INCOME FROM EMPLOYMENT:

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

NEW EMPLOYMENT ONLY:

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

- SELF-EMPLOYED ONLY:** Submit 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 –12 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 any applicant/co-applicant, submit one of the following:

- DFD "Verification of School or Training" Form
 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 CITIZENSHIP STATUS

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

- | | |
|---|--|
| <input type="checkbox"/> 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) or Form I-94 |
| <input type="checkbox"/> U.S. Passport | <input type="checkbox"/> USCIS "Notice of Prima Facie Case" dated within 150 days of application |
| <input type="checkbox"/> Social Security Number | |



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'S 12 MONTH CARE PLAN – NEW JERSEY CARES FOR KIDS (NJCK)

The NJCK program requires that you create a child care plan for a 12 month period (including summer). Your plan will establish the amount of money your family's child care will require during that fiscal year.

Parent Name: _____ Parent Email: _____

Cell Phone #: _____ Home Phone #: _____

Child's Name: _____ (USE ONE FORM PER CHILD)

If your child is currently attending a child care provider complete the information below.

Child Care Provider's Name or Center Information:

Tuition Rates:

Provider/Center Name: _____ \$ _____ weekly or monthly

Address: _____

Phone: _____

Please complete Hours of Care Needed: (EXAMPLE) Monday - Friday 3:00PM – 6:00PM

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

CHILD'S SUMMER CARE PLAN

{Complete this bottom section only if your child's care will change for the summer}

Start date of Summer Care _____ End date of Summer Care _____

Child Care Provider's Name or Center Information:

Tuition Rates:

Provider/Center Name: _____ \$ _____ weekly or monthly

Address: _____

Phone: _____

Please complete Hours of Care Needed: (EXAMPLE) Monday - Friday 7:00AM – 6:00PM

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Please Note: Completing this form assists your Subsidy Case Manager create a 12 month child care agreement plan for your family to ensure you will receive the coverage needed. This form is not a contract or agreement and does not take the place of one. You and your child care provider will still need to complete an official child care agreement in order to authorize subsidy payments.

- If you need help finding a child care provider check this box. Referrals will be provided to you.
You may also find referrals on our website www.communitychildcaresolutions.org

RESOURCE GUIDE FOR FAMILIES

No matter how hard you try, sometimes it's difficult to make ends meet. New Jersey provides a number of programs to support low-income families.



■ NJ FamilyCare

Free or low-cost health insurance

NJ FamilyCare is open to children, pregnant women, parents/caretaker relatives, single adults and childless couples. Depending on your family size and monthly income, you may be eligible.

For more information, or to apply, call **1-800-701-0710 (TTY: 1-800-701-0720)** or visit www.njfamilycare.org.

■ Energy Assistance Programs

Help paying your energy bills

Low-income eligible households that are having a difficulty paying their heating and cooling bills can contact this office for financial assistance. Programs available include the **Low-Income Home Energy Assistance Program (LIHEAP)** and the **Universal Service Fund (USF)**.

For more information, call **1-800-510-3102** or visit www.energyassistance.nj.gov.



■ NJ Earned Income Tax Credit (EITC)

Reduce Your Taxes

NJEITC is a special tax benefit for low-income working families and individuals. You may get money back even though you do not owe any state taxes. To get the credit, you must file a federal tax form, be eligible for the federal EITC, file a state tax form and meet income guidelines.

For example, a family with 3 or more children earning less than \$46,997 (\$52,427 for working, married couples) in 2014 can get a combined federal and state EITC credit of up to \$7,371.

Information on the state EITC is available at **1-888-895-9179** or at www.njeitc.org. Information on the federal EITC is available at **1-800-829-1040** or at www.irs.gov/eitc.

■ New Jersey WIC Services

NJ WIC provides supplemental nutritious foods to pregnant, breastfeeding and postpartum women, infants and children to age five. WIC services include nutrition education, breastfeeding promotion and support, immunization screening and health care referrals.

For more information, call at **1-866-44 NJ WIC (446-5942)** or visit www.njwic.org

■ Pharmaceutical Assistance to the Aged and Disabled (PAAD)

PAAD helps pay for prescription drugs and medical supplies such as insulin, insulin needles, and syringes.

To participate in PAAD, you must be: an NJ resident; 65 or older, or at least 18 and receiving Social Security Title II Disability benefits; meet the income guidelines; and be enrolled in a Medicare Part D Prescription Drug Plan.

For more information, call **1-800-792-9745** or visit www.njpaad.gov

Other Important Resources

■ **Addiction Hotline of New Jersey**
1-800-238-2333

■ **Division of Disability Services**
Focuses on serving people who have become disabled as adults.
1-888-285-3036

■ **1-888-LSNJ-LAW** - Provides legal information to low-income residents of New Jersey.
1-888-576-5529

■ **EndHunger NJ** - Provides food assistance information from local food pantries and soup kitchens for NJ residents with low incomes.
www.endhungernj.org

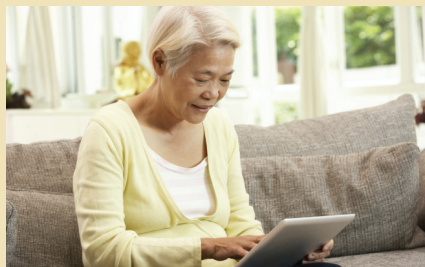
■ **VA Benefit Hotline**
1-888-8NJ-VETS (865-8387)

■ **Family/Domestic Violence Hotline**
1-800-572-7233

■ **Child Abuse/Neglect Hotline**
1-877-NJABUSE (652-2873)

■ **NJ Dept. of Children and Families**
Provides other supports for children, families and women.
www.nj.gov/dcf

■ **NJ Housing Resource Center**
1-877-428-8844
www.nj.gov/njhrc



You can screen yourself for all of these programs and many others at www.njhelps.org, an easy-to-use, confidential website.



Find state or local health and human service resources to address your urgent needs or everyday concerns.
www.nj211.org

State of New Jersey

Phil Murphy, Governor Sheila Oliver, Lt. Governor

Department of Human Services ■ Division of Family Development ■ www.nj.gov/humanservices/dfd

* USDA is an equal opportunity provider and employer *