DHS/CC:1 (1/2007)

ADDRESS REPLY TO:

CHILD CARE AND EARLY EDUCATION SERVICE ELIGIBILITY APPLICATION

STATE OF NEW JERSEY ● DEPARTMENT OF HUMAN SERVICES

A APPLICANT/CO-APPLICANT INFORMATION — PLEASE READ INSTRUCTIONS, PRINT CLEARLY, ANSWER ALL QUESTIONS

1. PARENT/APPLICANT NAME _____ _____ _____ **SOCIAL SECURITY #** ___ ___ ___ ___ ___ ___ ___ ___ ___ **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 #** ___ ___ ___ ___ ___ ___ ___ ___ ___ **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 *(# 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 4 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/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:	(___ ___ ___) ___ ___ ___-___ ___ ___ ___	(___ ___ ___) ___ ___ ___-___ ___ ___ ___
Check One: Enter Starting Date *(Mo/Dy/Yr)*:	☐ Work ☐ School ☐ Training Start Date: ___ ___ / ___ ___ / ___ ___	☐ Work ☐ School ☐ Training Start Date: ___ ___ / ___ ___ / ___ ___
Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training	☐ Full Time ____ # Hrs/Wk ☐ Part Time ☐ Seasonal Employment ____ # Mos/Yr	☐ Full Time ____ # Hrs/Wk ☐ Part Time ☐ Seasonal Employment ____ # Mos/Yr
Name of **SECONDARY** Work/School/Training Site: Street Address, City, State, & Zip.:		
Telephone Number:	(___ ___ ___) ___ ___ ___-___ ___ ___ ___	(___ ___ ___) ___ ___ ___-___ ___ ___ ___
Check One: Enter Starting Date *(Mo/Dy/Yr)*:	☐ Work ☐ School ☐ Training Start Date: ___ ___ / ___ ___ / ___ ___	☐ Work ☐ School ☐ Training Start Date: ___ ___ / ___ ___ / ___ ___
Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training	☐ Full Time ____ # Hrs/Wk ☐ Part Time ☐ Seasonal Employment ____ # Mos/Yr	☐ Full Time ____ # Hrs/Wk ☐ Part Time ☐ 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 to the Needy (TANF) or Transitional Child Care (TCC) Program?

(*Check One*) 11. I understand that I am applying to the agency for: ☐ ***VOUCHER*** payment assistance ☐ ***CONTRACTED*** services in a community-based center

E INFORMATION ON CHILDREN — INCLUDE EACH CHILD NEEDING CHILD CARE SERVICES AND FOR WHOM ASSISTANCE IS REQUESTED. USE ADDENDUM FORM TO PROVIDE INFORMATION FOR ADDITIONAL CHILDREN.

FULL Name of CHILD #1: _____ _____ _____ **SOCIAL SECURITY #** ___ ___ ___ ___ ___ ___ ___ ___ ___ **DATE OF BIRTH** ___ ___/___ ___/___ ___

(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is required for statistical purposes. Check one or more of the appropriate boxes to indicate response for **CHILD #1**.

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:***_____

Name of center or caregiver if child is currently enrolled *(To avoid paying higher fees than required, this information may be needed in helping the agency to accurately assess the amount of your co-payment.)*_____

AGENCY USE: Status *(Check One)*: ☐ Denied ☐ Approved ☐ Waiting List ☐ Pending

DYFS USE: (*Enter 8-digit Case #*) KC_____/____

Program: ____ Code: ____ Component: _____ Assessed Co-Payment *(Enter and Circle One)*: $_____ Wk. Mo. Enrollment Date:___ ___/___ ___/___ ___

FULL Name of CHILD #2: _____ _____ _____ **SOCIAL SECURITY #** ___ ___ ___ ___ ___ ___ ___ ___ ___ **DATE OF BIRTH** ___ ___/___ ___/___ ___

(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is required for statistical purposes. Check one or more of the appropriate boxes to indicate response for **CHILD #2**.

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:***_____

Name of center or caregiver if child is currently enrolled *(To avoid paying higher fees than required, this information may be needed in helping the agency to accurately assess the amount of your co-payment.)*_____

AGENCY USE: Status *(Check One)*: ☐ Denied ☐ Approved ☐ Waiting List ☐ Pending

DYFS USE: (*Enter 8-digit Case #*) KC_____/____

Program: ____ Code: ____ Component: _____ Assessed Co-Payment *(Enter and Circle One)*: $_____ Wk. Mo. Enrollment Date:___ ___/___ ___/___ ___

FULL Name of CHILD #3: _____ _____ _____ **SOCIAL SECURITY #** ___ ___ ___ ___ ___ ___ ___ ___ ___ **DATE OF BIRTH** ___ ___/___ ___/___ ___

(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is required for statistical purposes. Check one or more of the appropriate boxes to indicate response for **CHILD #2**.

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:***_____

Name of center or caregiver if child is currently enrolled *(To avoid paying higher fees than required, this information may be needed in helping the agency to accurately assess the amount of your co-payment.)*_____

AGENCY USE: Status *(Check One)*: ☐ Denied ☐ Approved ☐ Waiting List ☐ Pending

DYFS USE: (*Enter 8-digit Case #*) KC_____/____

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, AGE OF CHILD, INCOME OR RESIDENCY TO VERIFY ELIGIBILITY. SUPPORTING DOCUMENTATION REQUIRED MAY INCLUDE MOST CURRENT IRS FORM 1040, UTILITY BILL OR BIRTH CERTIFICATE.