

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPLICATION FOR CHILD CARE ASSISTANCE

This application is for you to apply for non-guaranteed Child Care Assistance only. If you want to apply for other state benefits, including guaranteed Child Care Assistance, please use the [New York State Application for Certain Benefits \(LDSS-2921\)](#). You can talk to your Local Department of Social Services if you have any questions or need help.

Please answer all questions that do not say optional. Please write clearly. Please do not write in the shaded areas.

Tell us about yourself.

Full name (Please include first and last name.)

Aliases:

Street Address

Street: Apt. No./Fl.: City: State: County: Zip Code:

Mailing Address (if different)

Street: Apt. No./Fl.: City: State: County: Zip Code:

Phone Number

() -

Phone Number Type

☐ Cell Phone

☐ Home Phone/Landline

☐ Work Phone

Email (*This is optional.*)

How would you like to be contacted? (*This is optional.*)

☐ Phone

☐ Email

☐ Other (Please tell us.)

Primary Language

☐ English

☐ Spanish

☐ Other (Please tell us.):

Marital Status

☐ Single

☐ Married

☐ Divorced

☐ Separated

☐ Widowed

Do you or any adult(s) applying with you receive any of the following benefits?

☐ Medicaid

☐ Supplemental Nutrition Assistance Program (SNAP)

☐ Housing Vouchers or Assistance

☐ Home Energy Assistance Program (HEAP)

☐ Women Infants & Children Program (WIC)

☐ Other federal assistance programs such as Supplemental Security Income (SSI)

☐ Head Start/Early Head Start

☐ Cash Assistance from TANF

☐ None of these.

Tell us about your household's circumstances.

Do any of these apply to you or any adult(s) applying with you?

• **Homeless** (no fixed, regular and adequate place to stay at night)

☐ Yes ☐ No

• A parent is on active duty (serving full time) in the **U.S. Military**

☐ Yes ☐ No

• A parent is a member of the **National Guard** or **Military Reserve Unit**

☐ Yes ☐ No

• Receiving or applying for other child care funding

☐ Yes ☐ No

○ If yes, please give us the agency name: _____

• Reason(s) child care is needed: _____

Tell us about everyone in your home.

LN	First Name and Last Name	DATE OF BIRTH (MM-DD-YY)	SEX (M/F/X)	RELATIONSHIP TO YOU	Gender Identity <i>This is optional. (Please describe.)</i>	SOCIAL SECURITY NUMBER (SSN) <i>Optional</i>	Enter Y (Yes) or N (No) if Hispanic or Latinx (Optional)						Does the child need child care? (Y/N)	FOR EACH CHILD in need of child care, please answer Yes or No.			
							↓ H	Enter Y (Yes) or N (No) for each race* (Optional)						Is the child a U.S. citizen/national or has satisfactory immigration status?	Does the child have special needs?	Do both parents live in the home?	
								I	A	B	P	W					
1				SELF													
2																	
3																	
4																	
5																	
6																	
7																	
8																	

* **Racial Affiliation Codes:** **H** – Hispanic, **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White

If you need more room or there is more information you think we might need, you can use extra pages.

Tell us about parent(s) who do not live in the home.

List all the children who need child care, whose parent does not live in the home.

Names of children under 19	Is the parent that does not live in the home available to provide care?	If no, please provide the reason.
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

Tell us about your job and other activities.

Do you need child care because you are working ? ☐ Yes ☐ No		Are you about to start a new job? ☐ Yes ☐ No If yes, start date: / /		Are you looking for work? ☐ Yes ☐ No			
EMPLOYER'S NAME			TOTAL HOURS WORKED PER WEEK		Does your schedule change week to week? ☐ Yes ☐ No		
TYPICAL WORK SCHEDULE – If your schedule changes, enter your schedule from last week.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Do you have more than one job? ☐ Yes ☐ No If yes, please use extra pages to give us more information about your other job(s).							

Do you need child care because you are in a training program for work ? ☐ Yes ☐ No		Are you about to start a training program for work? ☐ Yes ☐ No If yes, start date: / /					
TRAINING PROGRAM NAME/FACILITY			TOTAL HOURS OF TRAINING PER WEEK		Does your schedule change week to week? ☐ Yes ☐ No		
TYPICAL TRAINING SCHEDULE – If your schedule changes, enter your schedule from last week.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Do you need child care because you are going to college/taking classes ? ☐ Yes ☐ No		Are you about to start college/taking classes? ☐ Yes ☐ No If yes, start date: / /					
SCHOOL OR COLLEGE NAME			TOTAL HOURS OF CLASSES PER WEEK		Does your schedule change week to week? ☐ Yes ☐ No		
TYPICAL CLASS SCHEDULE – If your schedule changes, enter your schedule from last week.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Tell us about the other adult(s) applying with you and their activities.

Whose job information is this? (Check one.) ☐ Spouse ☐ Other parent ☐ Other adult				Do they have more than one job? ☐ Yes ☐ No If yes, please use extra pages.			
Is the adult working ? ☐ Yes ☐ No		Is the adult about to start a new job? ☐ Yes ☐ No Start date: / /		Is the adult looking for work? ☐ Yes ☐ No			
EMPLOYER'S NAME			TOTAL HOURS WORKED PER WEEK		Does the schedule change week to week? ☐ Yes ☐ No		
TYPICAL WORK SCHEDULE – If the schedule changes, enter the schedule from last week.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Is the adult in a training program for work ? ☐ Yes ☐ No			Is the adult about to start a training program for work? ☐ Yes ☐ No If yes, start date: / /				
TRAINING PROGRAM NAME/FACILITY			TOTAL HOURS OF TRAINING PER WEEK		Does the schedule change week to week? ☐ Yes ☐ No		
TYPICAL TRAINING SCHEDULE – If the schedule changes, enter the schedule from last week.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Is the adult going to college/taking classes ? ☐ Yes ☐ No				Is the adult about to start college/taking classes? ☐ Yes ☐ No If yes, start date: / /			
SCHOOL OR COLLEGE NAME				TOTAL HOURS OF CLASSES PER WEEK		Does the schedule change week to week? ☐ Yes ☐ No	
TYPICAL CLASS SCHEDULE – <i>If the schedule changes, enter the schedule from last week.</i>	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Tell us about your household income.

Let us know if you or anyone applying with you receives money from any of the following:	YES	NO	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)
Income From Work (including wages/salary, overtime, commissions, training programs, tips)	☐	☐						
Net Self-Employment Income	☐	☐						
Child Support Payments (received)	☐	☐						
Alimony/Spousal Support (received)	☐	☐						
Unemployment Insurance Benefits, Workers' Comp.	☐	☐						
Social Security Benefits (including SSI)	☐	☐						
Disability Benefits (New York State, Veterans Affairs, Private)	☐	☐						
Rental/Boarder/Lodger Income (received)	☐	☐						
Dividends/Interest - Stocks, Bonds, Savings	☐	☐						
Pensions/Annuities	☐	☐						
Public Assistance (PA) Grant, Safety Net Benefits	☐	☐						
Other (Please specify.)	☐	☐						

Consents and Notices

CHANGE REPORTING – I understand that I am responsible for <i>immediately</i> telling the Social Services District about anything that may change my eligibility or benefit including a change in family income, who lives in my home, employment, child care arrangements, or other changes that may affect my eligibility or the amount of my benefit.
PENALTIES – Federal and state laws have penalties (including fines and imprisonment) if you are not truthful when you apply for child care assistance, when you are asked about your eligibility, or if you cause someone else to be untruthful regarding your application or eligibility. Penalties also apply if you hide or do not share facts regarding your eligibility for child care assistance or if you hide or do not share facts that would affect the right of someone else that you have applied for to receive child care assistance. If you are an authorized representative and applying for someone else, child care assistance must be used for that person and not yourself. It is unlawful to get child care assistance by hiding information or giving false information.
CITIZENSHIP – I understand that getting assistance will not affect me or my family's immigration status. Immigration information is private and confidential, and I understand that this information will only be shared to make decisions about the Child Care Assistance Program.
CONSENT FOR INVESTIGATION – By signing this application, I agree to cooperate fully with any investigation to verify or confirm the information I have given and any other investigation in connection with my request for child care assistance. I will provide additional information if it is requested.

RESOURCES – I confirm that my family resources are not more than \$1,000,000.

JURISDICTION – I understand that if I move out of the Social Services District that determined my child care assistance eligibility, the information about myself, my child(ren), and anyone living in my home, may be given to any Social Services District I move to within New York State. By signing this application, I am allowing the information that is in my child care case file to be given to the new Social Services District that I move to, for my continued eligibility.

NON-DISCRIMINATION – This application will be considered without regard to race, color, sex, gender identity, sexual orientation, disability, religious creed, national origin, political belief, or any other factors prohibited by law.

Attestation and Signature

Please read the notices and agreements above, check the box, and sign the application. By checking the box and submitting this application, you agree to the following:

- I agree that I have read and understand the notices in the section above.
- I understand and agree to the consents in the section above.
- I want to apply for child care assistance.
- I have been honest on this application, and it is complete to the best of my knowledge.

☐ I attest that the information I provided on this application is correct and complete to the best of my knowledge.

YOUR SIGNATURE X	PRINT NAME	DATE SIGNED / /
THE OTHER ADULT(S) SIGNATURE X	PRINT NAME	DATE SIGNED / /

FOR AGENCY USE ONLY:

CASE NAME:	CASE NUMBER:	DISTRICT CASE TYPE: 40	APPLICATION DATE: / /
SERVICES TRANSACTION TYPE: ☐ New Open ☐ Reopen ☐ Recertification		DISPOSITION: ☐ Denial Reason Code: ☐ Withdrawal	
ELIGIBILITY DETERMINED BY:		DATE: / /	
ELIGIBILITY APPROVED BY:		DATE: / /	
CHILD CARE AUTHORIZATION (DATES): FROM / / TO / /		COMMENTS:	
L1 CIN:	L4 CIN:		
L2 CIN:	L5 CIN:		
L3 CIN:	L6 CIN:		



NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

- ☐ **Yes** If you checked **YES**, please complete the VOTER REGISTRATION APPLICATION below
- ☐ **NO** because I choose not to register **OR**
- ☐ I am already registered at my current address **OR**
- ☐ I asked for and received a mail registration form.

If you do not check any box, you will be considered to have decided not to register to vote at this time.

X

Signature

Date

Please Print Name

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al **1-800-367-8683**

中文資料: 若您有興趣索取中文資料表格, 請電: **1-800-367-8683**

한국어: 한국어 한국어 양식을 원하시면 **1-800-367-8683**으로 전화 하십시오.

যদি আপদি এই ইংরেজী রেপপরেচাি়ে হরে **1-800-367-8683** িষরে পফাি করি

VOTER REGISTRATION APPLICATION (instructions on back)

☐ I need an application for an Absentee Ballot

Please print or type in blue or black ink

☐ Yes, I would like to be an Election Day Worker

1	Are you a U.S. citizen? ☐ YES ☐ NO If you answered NO , <u>do not</u> complete this form		2	A) Will you be 18 years old on or before election day? ☐ YES ☐ NO B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? ☐ YES ☐ NO If you answered NO to both of the prior questions, you <u>cannot</u> register to vote.		For Board Use Only
3	Last Name First Name Middle Initial Suffix					
4	Address where you live (do not give P.O. box)		Apt. No.	City/Town/Village	Zip Code	County
5	Address where you get your mail (if different than above)		P.O. Box, Star Route, etc.	Post Office	Zip Code	
6	Date of Birth / /	7	Gender (optional)	8	Telephone (optional)	Email (optional)
10	The last year you voted		Your address was (give house number, street and city)		9	ID Number (Check the applicable box and provide your number) ☐ New York State DMV number _____ ☐ Last four digits of your Social Security number _____ ☐ I do not have a New York State DMV or Social Security number
	In county/state		Under the name (if different from your name now)			
11	Political Party I wish to enroll in a political party ☐ Democratic party ☐ Republican party ☐ Conservative party ☐ Working Families party ☐ Other _____ I do not wish to enroll in any political party and wish to be an independent voter. ☐ No party		12		Affidavit: I swear or affirm that • I am a citizen of the United States. • I will have lived in the county, city or village for at least 30 days before the election. • I will meet all requirements to register to vote in New York State. • This is my signature or mark on the line below. • The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. X _____ / / Signature or Mark in ink Date	

(Optional) Register to donate your organs and tissues

Last Name		
First Name	Middle Initial	Suffix
Address		
Birth Date / /	Gender ☐ M ☐ F ☐ Other	
Eye Color	Height Ft. in.	
Email	DMV or ID NYC Number	

By signing below, you certify that you are:

- 16 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to NYS Donate Life Registry for enrollment;
- And authorizing the Registry to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health hospitals upon your death.



Signature

Date

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment;
- pre-register to vote if you are 16 or 17 years of age.

To Register You Must:

- be a U.S. citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere; and
- not found to be incompetent by a court.

Important!

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections
40 North Pearl St, Suite 5
Albany, NY 12207-2729

Telephone: **1-800-469-6872**;

TDD/TTY users contact the New York State Relay at 711;
or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/ or information regarding the office to which the application was submitted, will remain confidential to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, pay check, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.
