



2 City Hall Plaza • Rahway, New Jersey 07065  
Phone: (973) 923-1433 Fax: (973) 923-1311  
[www.cccunion.org](http://www.cccunion.org)

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Dear Applicant/Co-Applicant:

If you are working a minimum of 25 hours a week, 50 hours Bi-weekly, 55 hours semi-monthly or enrolled in school/training full-time, or a combination of work and school, you **may** be eligible for a COMMUNITY CARE VOUCHER CENTER SUBSIDY (CCVC).

**Community Care Voucher Centers provide subsidized childcare in their center to serve families who are eligible for childcare subsidy assistance.**

**Income eligibility guidelines (represent 250% of the Federal Poverty Level)**

**Family Size of 2: \$49,300**

**Family Size of 3: \$62,150**

**Family Size of 4: \$75,000**

**ADD \$12,850 per additional family member**

**Center based childcare subsidies are offered at the following centers in Union County:**

**Elizabeth**

Elizabeth YMCA – (908) 355-9622  
YMCA Child Development Center – (908) 355-3061  
Little Rascals Daycare Center – (908) 409-8573

**Linden**

Alvey's Education Never End – (908) 925-2569

**Rahway**

J.F.K. Community Center – (732) 382-9311 Rahway Day  
Care – (732) 382-0544  
Rahway YMCA – (732) 388-0057

**Roselle**

Christina Nicole Academy – (908) 245-4788 Roselle Day  
Care – (908) 241-8787  
Little Einstein's Academy - (908) 241-6200

**Plainfield**

I Am's Temple – (908) 753-6222  
Little Hearts Learning Centers – (908) 755-7555  
Neighborhood House – (908) 757-7100  
South Second Street Youth Center – (908) 561-0421  
The King's Daughters Day School – (908) 756-7789

**Summit**

The Learning Circle – (908) 273-7040

**Vauxhall**

Helping Hands – (908) 686-6151

**Union**

YM-YWHA of Union County – (908) 289-8112 Five Points  
YMCA – (908) 688-9622

**Completed applications may be submitted the following ways**

**1. Electronically: (*Fastest Way*) visit: <https://fs10.formsite.com/4cunion/eligibility/index.html> Upload your application along with all of the required documents (pdf format)**

**2. Mail or Drop off:**

**Community Coordinated Child Care  
2 City Hall Plaza, 3rd Floor  
Rahway, NJ 07065**

**\*Faxes and Incomplete applications will not be processed.\***

Follow us on Facebook: **CCCCUnionCounty** and Twitter **@CCCCUnionCty**

Visit our website at: [www.cccunion.org](http://www.cccunion.org) to download additional applications or for information on additional programs



## Step by Step Child Care Assistance Checklist

### Follow All 11 steps below

#### 1. FILL OUT ALL SECTIONS OF THE APPLICATION (APPLICANT AND CO-APPLICANT)

- ☐ Fill out ALL Sections of the Child Care Assistance Application (Pages 1-7)

**Reminder:**

**Section B** (Fill in an amount for #1-8) **Do Not Leave Blanks.**

**Section C** Fill in Work and/or School Information

#### 2. SUBMIT ALL OF THE FOLLOWING DOCUMENTS

- ☐ Photo ID (For Applicant and Co-Applicant)
- ☐ Proof of Address Utility Bill etc. (Within 60 Days)
- ☐ Most Recent Tax Return (For Applicant and Co-Applicant)
- ☐ Copy of Birth Certificate for ALL children needing child care
- ☐ Copy of Social Security Card for ALL children needing child care
- ☐ Check Here if you have attached ALL of the documents requested above and Move to Box 3

#### 3. RECEIVE PAYSTUBS?

- ☐ No: Check here and Move to Box 4
- ☐ Yes: Submit: 4 recent Pay Stubs (Each one must show a minimum of 25 Hrs) if paid **Weekly**  
2 recent Pay Stubs (Each one must show a minimum of 50 Hrs) if paid **Bi-Weekly**  
2 recent Pay Stubs (Each one must show a minimum of 55 Hrs) if paid **Semi-Monthly**

#### 4. NEW EMPLOYMENT -NO PAY STUBS RECEIVED YET?

- ☐ No: Check here and Move to Box 5
- ☐ Yes: Submit a letter from your employer on company letterhead (signed and dated) containing rate of pay, hours worked per pay period, employer contact information, first date of employment and the date you will receive your first paystub. (You will need to follow up with paystubs if approved)

#### 5. SELF EMPLOYED?

- ☐ No: Check here and move to Box 6
- ☐ Yes: Submit **ALL** of the following:
  1. Current IRS Federal Income Tax Return
  2. Transcript including the IRS Form 1040 "Schedule C" reflecting the Profit or Loss from the business. (Visit: [www.irs.gov/individuals/get-transcript](http://www.irs.gov/individuals/get-transcript))

\*Please note: Once we receive your documents we must analyze and calculate to see if you meet the DHS/DFD hours and income eligibility requirements.

#### 6. ATTENDING COLLEGE ?

- ☐ No: Check here and move to Box 7
- ☐ Yes: Submit your current official college schedule that indicates: Your Name, The Current Semester and Total Credits

#### 7. IN A TRAINING PROGRAM OR HIGH SCHOOL ?

- ☐ No: Check here and move to Box 8
- ☐ Yes: Submit a letter on official school letterhead (signed and dated) indicating: Your Name, Name of Program, Start and End date of Classes, and total hours attending per week

#### 8. RECEIVING ANY OF THE FOLLOWING (UNEARNED INCOME): UNEMPLOYMENT, SOCIAL SECURITY, PENSION, CASH ASSISTANCE, ALIMONY ETC.?

- ☐ No: Check here and move to Box 9
- ☐ Yes: Attach the most recent copy of the stub or benefit letter for each one received

#### 9. HAVE AN OPEN CASE FOR CHILD SUPPORT THROUGH THE COURTS?

- ☐ No: Check here and move to Box 10
- ☐ Yes: Visit [WWW.NJChildsupport.org](http://WWW.NJChildsupport.org) or the states site where the case originates and print **ALL** of the following for each Case:
  1. Case List
  2. Dependents page,
  3. Obligation and arrears page,
  4. Last 6 months disbursements

#### 10. RECEIVE CHILD SUPPORT BY MUTUAL AGREEMENT?

- ☐ No: Check here and move to Box 11
- ☐ Yes: Submit **ALL** of the following:
  1. A letter signed and dated by the non-custodial parent indicating the amount paid and the frequency
  2. Proof of address for the other parent (ex. Utility Bill etc.) or Divorce Decree

#### ☐ DOES YOUR CHILD HAVE A DISABILITY THAT REQUIRES SPECIAL CARE?

- ☐ No: Check here and move to Box 12
- ☐ Yes: Please submit **One** of the following
  1. Medical documentation signed by a licensed healthcare professional (such as a doctor/ physician psychologist, psychiatrist) that verifies your child's disability
  2. Child Verification Form (**found at the end of your application packet**) signed by the licensed healthcare professional that verifies your child's disability.

\*If the child is between ages 13 and 19 the verification must also state that the teenager requires adult supervision at all times.

#### END OF APPLICATION

- As a reminder Additional Documents May be requested
- Please allow 10 Days for Review
- Applications Expire after 45 days



# 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.

**CCVC**

# Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Community Coordinated Child Care  
2 City Hall Plaza, 3rd Floor  
Rahway, NJ 07065

N# \_\_\_\_\_

**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:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**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:

WEEK	2 WEEKS	MONTH	YEAR

**PARENT/CO-APPLICANT**  
List gross income for current:

WEEK	2 WEEKS	MONTH	YEAR

**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, &amp; Zip.:

(If applicable, enter "Self-Employed")

Telephone Number: ( ) \_\_\_\_\_

**Check One:** Enter Starting Date (Mo/Dy/Yr):☐ Work ☐ School ☐ Training

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check One and Enter:** Number of Hours/Week and Months/Year for Work/School/Training☐ Full Time ☐ Part Time \_\_\_\_\_ # Hrs/Wk☐ Seasonal Employment \_\_\_\_\_ # Mos/YrName of **SECONDARY** Work/School/Training Site:

Complete Address (Street, City, State, &amp; Zip.:

Telephone Number: ( ) \_\_\_\_\_

**Check One:** Enter Starting Date (Mo/Dy/Yr):☐ Work ☐ School ☐ Training

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check One and Enter:** Number of Hours/Week and Months/Year for Work/School/Training☐ Full Time ☐ Part Time \_\_\_\_\_ # Hrs/Wk☐ Seasonal Employment \_\_\_\_\_ # Mos/Yr**PARENT/CO-APPLICANT**

( ) \_\_\_\_\_

☐ Work ☐ School ☐ Training

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Full Time ☐ Part Time \_\_\_\_\_ # Hrs/Wk☐ Seasonal Employment \_\_\_\_\_ # Mos/Yr☐ Work ☐ School ☐ Training

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Full Time ☐ Part Time \_\_\_\_\_ # Hrs/Wk☐ Seasonal Employment \_\_\_\_\_ # Mos/Yr**\* Incomplete Applications Will Not Be Accepted \***





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

**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? Families First Card #: \_\_\_\_\_
- ☐ ☐ 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:

Community Coordinated Child Care  
2 City Hall Plaza  
Rahway, NJ 07065

Parent/Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Social Security Number: \_\_\_\_\_

## 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: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, state special need and attach verification:</b> _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</b>		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> 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: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, state special need and attach verification:</b> _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</b>		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> 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: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, state special need and attach verification:</b> _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</b>		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> 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: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, state special need and attach verification:</b> _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</b>		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		



2 City Hall Plaza, 3rd Floor • Rahway, New Jersey 07065  
Phone: (973) 923-1433 Fax: (973) 923-1311  
[www.ccccunion.org](http://www.ccccunion.org)

## Family Size Verification

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

### 1. Single/Separated/Divorced?

☐ **Yes:** Check this Box and **submit ALL of the following:**

1. Proof of address for the other parent

Check here if you do NOT have contact with the other parent

2. Recent Tax Return

**No:** Check this box and do not forget to **include a co-applicant**

I hereby certify that all of the above information is true and correct. I understand that the information is being given in connection with federal and state public funds, and Community Coordinated Child Care of Union County may verify information. Deliberate misinformation can result in a denial of a subsidy.

\_\_\_\_\_  
Applicant/Parent Signature

\_\_\_\_\_  
Date



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 Phone: (973) 923-1433 Fax: (973) 923-1311  
[www.cccunion.org](http://www.cccunion.org)

## CHILD SUPPORT VERIFICATION

**Name:** \_\_\_\_\_

1. Do You have an open case through the courts for child support or Mutual Agreement?:

☐ **Yes: I have a child support case through the courts:**

Visit **NJChildsupport.org** and Submit the following for each Case:

*1. Case List 2. Dependents page 3. Obligations and Arrears Page 4. Most recent full six (6) months disbursements for each child*

**Yes:** I receive child support through a “ mutual agreement” between myself and the other parent of the child:

**Submit the following for each child:** *A letter from the paying parent signed and dated indicating the amount they pay and the frequency.*

☐ **No:** I do not have a child support case or “mutual agreement”.

I hereby certify that all of the above information is true and correct. I understand that the information is being given in connection with federal and state public funds, and Community Coordinated Child Care of Union County may verify information. Deliberate misinformation can result in a denial of a subsidy.

\_\_\_\_\_  
**Applicant/Parent Signature**

\_\_\_\_\_  
**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: **Community Coordinated Child Care of Union County**



# 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.



State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF FAMILY DEVELOPMENT  
CHILD CARE SUBSIDY PROGRAM

## Child Verification Form

(This form is only required for children with a disability who require special care)

### Part 1: Completed by Parent

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### CONSENT TO RELEASE INFORMATION

I authorize the licensed health professional listed below to share information about my child's condition with the Child Care Resource and Referral Agency (CCR&R). I understand that this form will only be used for verification purposes for the New Jersey Child Care Subsidy Program. I understand that if circumstances regarding my child's condition change, I must immediately notify my CCR&R.

Name of Parent: \_\_\_\_\_  
please print

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### PART 2: Completed by a Licensed Health Professional

**INSTRUCTIONS:** Please provide the information below to help us determine how we might meet the needs of this family. You may be contacted by the agency listed to verify this information.

Licensed Health Professional Name: \_\_\_\_\_  
please print

Licensed Health Professional Title: \_\_\_\_\_ License/Credential No: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### NOTICE TO LICENSED HEALTH PROFESSIONAL

By signing, I certify that the above named child has a documented medical or physical impairment which reduces his or her ability to function independently. This child requires the personal services of a caretaker to maintain his or her basic level of functioning in an age-appropriate manner. The information provided is true and accurate to the best of my understanding.

List Child Disability: \_\_\_\_\_

Licensed Health Professional Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### CCR&R USE ONLY

CCR&R Name/Address: \_\_\_\_\_

CCR&R Representative Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_