



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

Program you are applying for: McKinney-Vento Homeless Assistance Act

McKinney-Vento Homeless assistance Act is a subsidy program that assists families who lack a fixed regular and adequate nighttime residence. Applicants who self-identify as being homeless or are referred to by a service provider maybe eligible to receive a grace period for up to 6 months to establish eligibility while their child care services are being subsidized.

This childcare subsidy will assist you to pay for childcare for infants, toddlers, preschool-age children, school-age children up to (13), and for children with special needs up to age (19). Childcare can be provided by any licensed or regulated child care center, school-aged and summer camp program, as well as registered in home providers that accept subsidy payments.

REQUIREMENTS FOR APPLICANT AND CO-APPLICANT:

- 1. Must be a Union County Resident**
- 2. Must be enrolled in a Full-time Activity by the 6 month grace period**
 - **Work:** A Minimum of 30 hours per week, 60 hours bi-weekly or 65 semi-monthly
 - **School/College:** 12 or more credits per regular semester (9+ credits in the summer)
 - **Certified Vocational Training:** 20 or more hours per week

Parents can combine these part-time activities to complete full-time requirements
- 3. Must be under the maximum income guidelines according to their family size and not Have assets that exceed \$1 million**
 - **Family Size of 2:** \$39,440
 - **Family Size of 3:** \$49,720
 - **Family Size of 4:** \$60,000
 - **For each additional child add \$10,280**
- 4. Must submit documents listed on the Child Care Subsidy Checklist (attached)**
- 5. Must contribute to cost of care (Co-pay)**

Completed applications may be brought in person or mailed to:

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

Follow us on Facebook: **CCCCUnionCounty** and Twitter **@CCCCUnionCty**
Visit our website at: 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 30 Hrs) if paid **Weekly**
2 recent Pay Stubs (Each one must show a minimum of 60 Hrs) if paid **Bi-Weekly**
2 recent Pay Stubs (Each one must show a minimum of 65 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)

*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 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.

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

WL# _____

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: New Jersey 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, & Zip.:
(If applicable, enter "Self-Employed")

Telephone Number: () _____

Check One: Enter Starting Date (Mo/Dy/Yr):

☐ Work ☐ School ☐ Training

Start Date / /

☐ Full Time ☐ Part Time _____ # Hrs/Wk

☐ Seasonal Employment _____ # Mos/Yr

Name of SECONDARY Work/School/Training Site:
Complete Address (Street, City, State, & Zip.: _____

Telephone Number: () _____

Check One: Enter Starting Date (Mo/Dy/Yr):

☐ Work ☐ School ☐ Training

Start Date / /

☐ Full Time ☐ Part Time _____ # Hrs/Wk

☐ Seasonal Employment _____ # Mos/Yr

Name of PARENT/CO-APPLICANT Work/School/Training Site:
Complete Address (Street, City, State, & Zip.: _____

Telephone Number: () _____

Check One: Enter Starting Date (Mo/Dy/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

***1 form for each child is required ***

CC-213 (New 6/19)

**New Jersey Department of Human Services
Division of Family Development
Child Care Subsidy Program
McKinney-Vento Homeless Assistance Act Intake Form**

Children of families that meet the McKinney-Vento Act definition for homelessness will be given a grace period up to six months to submit certain documentation that establishes program eligibility including proof of residence, income/employment records, and child birth/citizenship records.

☐ I am a Parent/Applicant ☐ I am a Service Provider

Date: _____

Child Name:		Child's Date of Birth:		Child's SSN:	
You must complete a separate copy of this form for all additional children.					
Applicant Name:			Co-Applicant Name:		
Applicant Date of Birth:			Co-Applicant Date of Birth:		
Race: <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino		Race: <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	
				Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	

HOUSING/LIVING STATUS	
Check the appropriate housing/living status for the above named child:	
<input type="checkbox"/> Shelter <input type="checkbox"/> Hotel/Motel/Campground <input type="checkbox"/> Transitional Housing Program: _____ Name of Program	<input type="checkbox"/> Doubled up/Living at relatives' or friends' house <input type="checkbox"/> Train, bus station, park or in a car <input type="checkbox"/> Vacant apartment/building <input type="checkbox"/> Other: _____
<input type="checkbox"/> I have a mailing address (please add address below)	<input type="checkbox"/> I do not have a mailing address If you do not have a mailing address, would you like your e-Child Care/Families First Card to be mailed to the Child Care Resource and Referral Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

Check all that apply: <input type="checkbox"/> I do not have a job/I am not in school or a job training program <input type="checkbox"/> I work or go to school/training program part time. # of Credits: _____ # of Hours: _____ <input type="checkbox"/> I do not have my Child's Birth Records/Birth Certificate and/or Social Security Card	
Parent/Applicant Certification	
I understand that submitting this form will ensure that my application is accepted for review. I understand that within 45 days prior to the end of my grace period, I must submit the required documentation that was not provided at the time of application. I hereby certify that all of the information provided in this document is true and correct. I understand and know that submitting false or misleading information or failing to give the necessary information will result in termination and I will be subjected to recoupment of funding. Parent/Applicant Signature: _____ Date: _____ Print Name: _____	
Service Provider Certification	
I have completed the information above to the best of my knowledge on behalf of the parent/applicant listed on this form. I hereby certify that the above named parent/applicant is receiving services under my organization/agency and the above named child meets the definition for homelessness under the McKinney-Vento Homeless Assistance Act (42 USC 11431 et seq), Title VII, Subtitle B, Section 725(2). Service Provider Signature: _____ Date: _____ Print Name: _____ Title: _____	

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 If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	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 If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	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 If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	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 If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	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

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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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**



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: ____ / ____ / ____