



**NORWESCAP**

*Creating Opportunities. Changing Lives.*

## **New Jersey Cares for Kids (NJCK)**

### **Child Care Subsidy Program**

Attached is an application for the New Jersey Cares for Kids (NJCK) Child Care Subsidy Program. This program is designed to assist eligible families with the cost of child care.

#### **ELIGIBILITY REQUIREMENTS FOR THE NJCK PROGRAM INCLUDE:**

- Must be a HUNTERDON/WARREN County resident
- Must meet one of the following:
  - Working at least 30 hours per week
  - Taking 12 college credits (no online classes accepted)
  - Attending 20 hours per week of vocational schooling
  - Or a combination of the above qualifications to equal full time participation
- Must meet Income Eligibility Guidelines

**Need help finding child care options within Hunterdon/Warren County?** If so, please call our office to speak with a Resource and Referral Specialist and receive FREE and CONFIDENTIAL referrals for child care.

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**INCOMPLETE APPLICATIONS WILL REMAIN PENDING UNTIL THEY ARE COMPLETED AND WE HAVE RECEIVED ALL DOCUMENTATION THAT IS REQUESTED**

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*The rules of the New Jersey Cares for Kids Program are subject to change without notice.*

**If you have any questions, please call (908) 454-1078**



Return Application to:

NORWESCAP  
 Child and Family Resource Services  
 350 Marshall Street  
 Phillipsburg, NJ 08865

## NJCK APPLICATION REQUIREMENTS CHECKLIST

<u>ACTIVITY</u>	<u>ADDITIONAL INCOME</u>
<p><input type="checkbox"/> EMPLOYMENT</p> <p><u>If you receive paystubs:</u></p> <ul style="list-style-type: none"> <li>• Must provide the most recent and consecutive four weeks of pay stubs which show the salary and hours worked            *If no hours are indicated, supply a letter written by employer on company letterhead with number of hours worked per week</li> </ul> <p><u>Self-Employed:</u></p> <ul style="list-style-type: none"> <li>• Copy of your recent tax return (including Schedule C)</li> </ul> <p><u>If you are beginning or returning to work:</u>            Provide a letter on company letterhead with:</p> <ul style="list-style-type: none"> <li>• Start or Return to work date</li> <li>• Rate of pay</li> <li>• Hours per week</li> <li>• If you are compensated for time off            *Will be required to submit pay stubs if eligible</li> </ul> <p><input type="checkbox"/> COLLEGE</p> <p>From the Registrar's office, submit your school schedule which details:</p> <ul style="list-style-type: none"> <li>• Semester dates</li> <li>• Number of credits per class            *Will be required to submit enrollment certificate mid semester if eligible</li> </ul> <p><input type="checkbox"/> VOCATIONAL TRAINING</p> <p>Include an enrollment letter on the school's letterhead indicating:</p> <ul style="list-style-type: none"> <li>• Type of training</li> <li>• Start and End date</li> <li>• Hours per week</li> </ul>	<p><input type="checkbox"/> Child Support  <u>Court Ordered:</u></p> <ul style="list-style-type: none"> <li>• Print out from Probation Department OR</li> <li>• <i>Obligation &amp; Disbursement</i> from <a href="http://www.njchildsupport.org">www.njchildsupport.org</a> and a copy of the court document</li> </ul> <p><u>Not Court Ordered:</u></p> <ul style="list-style-type: none"> <li>• A signed notarized letter indicating the amount and frequency</li> </ul> <p><input type="checkbox"/> Unemployment  <input type="checkbox"/> Social Security Income  <input type="checkbox"/> Any other income</p>
	<p><b><u>REQUIRED DOCUMENTS</u></b></p> <p>For each child in the family size:</p> <p><input type="checkbox"/> Copy of birth certificate  <input type="checkbox"/> Copy of Social Security card</p>
	<p><b><u>ADDITIONAL DOCUMENTS</u></b></p> <p><input type="checkbox"/> Copy of license  <input type="checkbox"/> Copy of a utility bill (only if the license indicates a P.O. Box or is not the current residency)  <input type="checkbox"/> Copy of Food Stamps card if applicable  <input type="checkbox"/> Letter from doctor or IEP if child has special needs</p>
	<p><i>*Remember to include co-applicant information*</i></p>

\*MUST SUBMIT ORIGINAL APPLICATION. FAXED APPLICATIONS WILL NOT BE ACCEPTED\*



State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF FAMILY DEVELOPMENT  
PO Box 716  
TRENTON, NJ 08625-0716

CHRIS CHRISTIE  
Governor

KIM GUADAGNO  
Lt. Governor

JENNIFER VELBZ  
Commissioner

JEANETTE PAGE-HAWKINS  
Director  
TEL: (609) 588-2000

April 2011

## Important Changes to your Child Care

Dear Parent:

The Department of Human Services/Division of Family Development is moving in the fall to a new, Electronic Child Care System known as *e-Child Care*. E-Child Care will provide real-time tracking and verification of child care attendance.

This new technology will require you to use a swipe card to check your child in and out of care, if your child attends a center. If you already have a Families First card, it will be linked to e-Child Care. If you do not, a card will be mailed to you.

If your child receives services from a home-based provider, you will call into an automated phone system.

Your child care provider will get formal training on e-Child Care and will then provide you with instructional materials and teach you how to use it. But we want you to know that whether you swipe or call, both systems are easy to use and will have minimal impact on how long it takes to drop off or pick up your child.

All parents in New Jersey who receive a child care subsidy will use the e-Child Care system. It will put you, the parent, in charge of reporting your child's attendance.

If you have any questions, visit our website -  
[www.state.nj.us/humanservices/dfd/programs/child](http://www.state.nj.us/humanservices/dfd/programs/child) for periodic updates.

Sincerely,

Jeanette Page-Hawkins  
Director

JPH:JT:mm

# New Jersey e-Child Care Time and Attendance Tracking System



E-Child Care is technology that will use either a telephone or a swipe card system to provide real time tracking and verification of child care attendance. It will automate and eliminate manual processes including paper invoices, and it will provide more efficient and faster services to providers, including quicker payments.

In addition, the system will provide a portal where providers can find out about a child's authorization, see who is registered at their center; obtain daily check in/out reports and other reports on enrollment and attendance. Use of this technology will improve both accountability in the subsidy program and overall business practices in New Jersey's child care industry.

## e-Child Care Highlights

- Eligibility verified in real time
- Reduced paperwork
- Faster, more accurate provider payments (providers will be paid bi-weekly for attendance that occurred two weeks in arrears)
- Increased record accuracy
- Reduced payment errors
- Empowers parents and providers
- Delivers attendance and payment details via Provider Web Portal

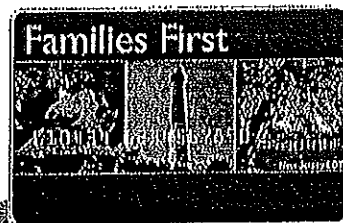


## Getting Started

- Point of Sale (POS) devices will be installed prior to going live in licensed centers
- Provider training and manuals will be given
- Head of household or designee receiving TANF and/or Food Stamps can use the existing Electronic Benefits Transfer (EBT) card once benefits are linked. All other families will receive an EBT card through the CCR&R
- All State documentation for licensing requirements remains in effect

Watch for updates at:

[www.state.nj.us/humanservices/dfd/programs/child](http://www.state.nj.us/humanservices/dfd/programs/child)





# 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 1-8.** 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:

**NORWESCAP**  
 Child & Family Resource Services  
 360 Marshall St.  
 Phillipsburg, NJ 08868  
 (908) 474-1070

**A Applicant/Co-Applicant Information** Please Read Instructions, Print Clearly, Answer All Questions

1. PARENT/APPLICANT NAME SOCIAL SECURITY NO. DATE OF BIRTH

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

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE:  American Indian or Alaskan  Asian  Black or African American  Native Hawaiian/Pacific Islander  White

ETHNICITY: Hispanic/Latino:  Yes  No SEX:  Male  Female

Relationship of APPLICANT to children:  Father  Mother  Legally Responsible Adult  Foster Parent  Other: \_\_\_\_\_

2. PARENT/CO-APPLICANT NAME (if Applicable) SOCIAL SECURITY NO. DATE OF BIRTH

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

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE:  American Indian or Alaskan  Asian  Black or African American  Native Hawaiian/Pacific Islander  White

ETHNICITY: Hispanic/Latino:  Yes  No SEX:  Male  Female

3. HOME ADDRESS (Number and Street)

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

County: \_\_\_\_\_ School District: \_\_\_\_\_

4. HOME TELEPHONE: \_\_\_\_\_

5. NUMBER OF ADULTS IN FAMILY: \_\_\_\_\_ NUMBER OF CHILDREN IN FAMILY: \_\_\_\_\_ TOTAL FAMILY SIZE: \_\_\_\_\_

Family size includes parent, spouse, children for whom subsidy is requested, other dependent children, or adults claimed on applicant's or co-applicant's IRS 1040. In cases of kinship, family size includes the child for whom subsidy is requested and all dependents claimed on the grandparent's, aunt's or relative's IRS 1040. For DYFS cases, a child and any of his/her siblings living in the same home and who are in DYFS-paid out of home placement shall be counted to determine the size of the family.

**B Family Income Information** Attach Original Proof of Income - Most Recent Four Consecutive Weeks  
 Information is not required for DYFS-paid caregivers, payments for DYFS children in out of home placement (does not count as income).

For each source, enter income information either by week, bi-weekly, month or year. Include child support and/or alimony.

- Wages and Salary (gross):
- Pensions, Retirement:
- Supplemental/Social Security Benefits:
- Unemployment, Workman's Compensation:
- TANF Cash Assistance:
- Child Support/Alimony:
- Other: \_\_\_\_\_
- TOTAL GROSS INCOME:

	PARENT/CO-APPLICANT List gross income for current:				PARENT/CO-APPLICANT List gross income for current:			
	WEEK	2 WEEKS	MONTH	YEAR	WEEK	2 WEEKS	MONTH	YEAR
1. Wages and Salary (gross):								
2. Pensions, Retirement:								
3. Supplemental/Social Security Benefits:								
4. Unemployment, Workman's Compensation:								
5. TANF Cash Assistance:								
6. Child Support/Alimony:								
7. Other:								
8. TOTAL GROSS INCOME:								

**C Work/School/Training Information** Proof of Current School Registration Must Be Attached

	PARENT/CO-APPLICANT	PARENT/CO-APPLICANT
Name of PRIMARY Work/School/Training Site: Complete Address (Street, City, State, & Zip): (if applicable, enter "Self-Employed")		
Telephone Number: ( ) _____		
Check One: Enter Starting Date (Mo/Dy/Yr): <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____		
Check One and Enter Number of Hours/Week and Months/Year for Work/School/Training <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr		
Name of SECONDARY Work/School/Training Site: Complete Address (Street, City, State, & Zip):		
Telephone Number: ( ) _____		
Check One: Enter Starting Date (Mo/Dy/Yr): <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training Start Date ____/____/____		
Check One and Enter Number of Hours/Week and Months/Year for Work/School/Training <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk <input type="checkbox"/> Seasonal Employment _____ # Mos/Yr		

\* Incomplete Applications Will Not Be Accepted \*

DH8/CO:1 (12/2008)

**D** YES NO

**All Questions Must Be Answered, Incomplete Applications Will Not Be Accepted, Supporting Documents Must Be Attached For Verification**

- 1. Are you currently participating in the Food Stamp Program?
- 2. Are you currently receiving/have you received assistance for child care with a Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) grant through the Work First New Jersey (WFNJ) Program within the last two years? If yes, indicate when benefits do/did expire by entering Month, Day and Year \_\_\_\_\_ and TANF case number: \_\_\_\_\_
- 3. Is your family an active case with the Division of Youth and Family Services (DYFS) and are the children for whom you are requesting subsidy residing with you? If yes, please give the name of the office: \_\_\_\_\_
- 4. Are you currently receiving a TANF grant? If yes, please indicate the TANF case number: \_\_\_\_\_
- 5. Do you or a member of your family have a chronic medical problem for which child care is recommended as part of a treatment/rehabilitation plan? If yes, indicate the name of the individual/agency authorizing the treatment plan and telephone number:  
Agency Name: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_
- 6. Are you the head of the household in which you reside?
- 7. Are you currently homeless or at risk of becoming homeless?
- 8. Are the children for whom you are requesting child care assistance in a DYFS foster home, DYFS para-foster home, or DYFS pre-adoptive home. If you are employed or participating in a school or training program, proof must be attached for DYFS purposes.
- 9. Do you receive any cash or voucher assistance to specifically pay for housing?
- 10. Are you requesting assistance because the County Welfare Agency/Board of Social Services (CWA/BSS) informed you that you are ineligible for the Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) Program?
- 11. I understand that I am applying to the agency for:  VOUCHER payment assistance  CONTRACTED services in a community-based center
- 12. Do all of the children in this family have health insurance benefits?  Yes  No  
If NO, do you wish to receive an application for NJ Family Care?  Yes  No

**E** Children Information

**Include Each Child Needing Child Care Service and for Whom Assistance Requested. Use Addendum Form to Provide Information for Additional Children.**

FULL NAME OF CHILD NO. 1 SOCIAL SECURITY NO. DATE OF BIRTH  
 \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (9 Digit Number) \_\_\_\_\_ (Mo./Dy./Yr.)  
*The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.*  
 RACE:  American Indian or Alaskan  Asian  Black or African American  Native Hawaiian/Pacific Islander  White  
 ETHNICITY: Hispanic/Latino:  Yes  No SEX:  Male  Female  
 Indicate the hour/days/duration for which child care is needed: \_\_\_\_\_  
 Child has a special need:  No  Yes *If yes, state special need and attach verification:* \_\_\_\_\_  
 Child is a US citizen or a qualified alien?  No  Yes *If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)*

AGENCY USE: Status (Check One):  Denied  Approved  Waiting List  Pending  
 DYFS USE: (Enter the NJ Spril 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 Spril 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 Spril Case No.) \_\_\_\_\_ Program: \_\_\_\_\_ Code: \_\_\_\_\_ Component: \_\_\_\_\_  
 Assessed Co-Payment (Enter and Circle One): \$ \_\_\_\_\_ Wk. \_\_\_\_\_ Mo. \_\_\_\_\_ Enrollment Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

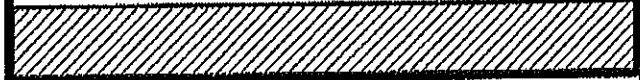
**You May Be Required to Provide Additional Proof of Family Size, Income, Citizenship or Residency to Verify Eligibility. Supporting Documentation Required May Include Most Current IRS Form 1040, Utility Bill or Birth Certificate.**



# Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:



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.) _____
<p>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</p> <p>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</p> <p>ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Indicate the hour/days/duration for which child care is needed: _____</p> <p>Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state special need and attach verification:</i> _____</p> <p>Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____</p>			
<p>AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending</p> <p>DYFS USE: (Enter the NJ Split Case No.) _____ Program: _____ Code: _____ Component: _____</p> <p>Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____</p>			
5	FULL NAME OF CHILD NO. 5	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____	(9 Digit Number) _____	(Mo./Dy./Yr.) _____
<p>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</p> <p>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</p> <p>ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Indicate the hour/days/duration for which child care is needed: _____</p> <p>Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state special need and attach verification:</i> _____</p> <p>Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____</p>			
<p>AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending</p> <p>DYFS USE: (Enter the NJ Split Case No.) _____ Program: _____ Code: _____ Component: _____</p> <p>Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____</p>			
6	FULL NAME OF CHILD NO. 6	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____	(9 Digit Number) _____	(Mo./Dy./Yr.) _____
<p>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</p> <p>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</p> <p>ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Indicate the hour/days/duration for which child care is needed: _____</p> <p>Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state special need and attach verification:</i> _____</p> <p>Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____</p>			
<p>AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending</p> <p>DYFS USE: (Enter the NJ Split Case No.) _____ Program: _____ Code: _____ Component: _____</p> <p>Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____</p>			
7	FULL NAME OF CHILD NO. 7	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____	(9 Digit Number) _____	(Mo./Dy./Yr.) _____
<p>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</p> <p>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</p> <p>ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Indicate the hour/days/duration for which child care is needed: _____</p> <p>Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state special need and attach verification:</i> _____</p> <p>Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____</p>			
<p>AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending</p> <p>DYFS USE: (Enter the NJ Split Case No.) _____ Program: _____ Code: _____ Component: _____</p> <p>Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____</p>			



**F****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: \_\_\_\_\_

**Child Care and Early Education Service Eligibility  
Parent Documentation and Verification Certification**

**Employer's Letter**

\_\_\_\_\_ Employer's letter was provided by my employer.

**Family Income Information**

\_\_\_\_\_ I reported and submitted all the income information that I receive. This includes SSI, Supplemental, Child Support, or any other unearned income.

**Family Household Size**

\_\_\_\_\_ My family size unit only includes the number of adults and children as stated on my application.

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:

- 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.

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.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment and may be terminated from the child care subsidy program.

\_\_\_\_\_  
Print Applicant's Name

\_\_\_\_\_  
Print Co-Applicant's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_