

This child care subsidy application is being provided to you as a courtesy from the Child Care Council of Westchester. We are not employees of the Department of Social Services (DSS).

Questions or schedule an appointment contact Andrea Rosendo at 914-761-3456 x 144 x228 x140, andrear@cccwny.org

We are here to:

- **help you complete, understand and submit your application**
- **review your application before it is submitted, but you must have an appointment**
- **help with DSS requests for supporting documents**
- **help you find someone to watch your child (find child care)**
- **help you with payment issues**

What you need to know:

- DSS determines your eligibility and will approve or deny your application.
- You can submit your application directly to DSS
 - at 10 County Center Road, 2nd Floor, White Plains, NY 10607.
 - via email ChildCareSubsidyApp@westchestergiv.com
 - fax 914-813-4301
- From the date you submit your application
 - DSS has 30 days to approve or deny your application
 - will mail you a request for additional documents within 2 weeks
 - mail you an approval or denial within 45 days
 - payment will start if everything is correct and in to DSS within 30 days

It is your responsibility to:

- *complete your application and supporting documents accurately and truthfully*
- *meet due dates and required timelines*
- *adhere to Department of Social Services' (DSS) requests*
- *contact the Council for additional assistance when DSS requests documents and/or about eligibility*

Attached is a list of information and documents you need to submit with your application.

- A copy of 1 of the following for each parent applying**
 - Driver's License or State I.D. Card **OR** Passport **OR** Birth Certificate
- A copy of each child's citizenship For all children, even if you are not applying for them.**
 - Birth Certificate OR Passport OR Visa OR Certification of Naturalization OR Resident Alien Card
- A copy of social security cards for each parent and each child FOR ALL PARENTS IN HOUSEHOLD**

- Wages, salary, tips, and commission** – one of the following for ALL PARENTS in HOUSEHOLD
 - Paycheck stubs for the past 4 weeks; 4 paystubs if paid weekly, 2 if paid bi-weekly or bi-monthly. Paystubs submitted must be consecutive and cannot skip weeks/months. Note: 3 months of paystubs is required if there is a \$50 difference within a month.
 - If you are paid in cash, submit a statement from your employer verifying the amount you were paid for each of the past four weeks – **Employment Verification Form (SEE ATTACHED)**. As a cash worker, DSS will come to your worksite to confirm employment.
 - Self-employed – submit quarterly tax business statement for two consecutive quarters.
 - If above is not applicable, submit a letter from your employer on company letterhead with gross income, days and hours you work. If starting a new job or returning to work include start date.
 - Additionally, if you are a 10 month employee, you will need a letter from your employer stating the length of your employment, including start and end date, your work schedule and your gross salary.

- Child Support** – if applicable– one of the following
 - Copy of court order of child support
 - Check stubs
 - Letter from absent parent stating amount of child support given and how often the monies are given

- Any other income** that you may be receiving (example: SSI, interest income, pensions, Military Pay, unemployment insurance, income from rent or room and board, Railroad retirement Benefits)

- Proof of Residency in Westchester County, N.Y. (SEE ATTACHED)**
 - Shelter Verification Form (DSS-3668)** Your landlord must complete their name, address, and Section C - Household Composition and sign this form or a copy of signed lease listing all household members (if applicant is the primary tenant)
 - OR**
 - If you do not have a landlord (for example you live with a relative/non-relative who is the primary tenant) you must complete 2 of the **Non-Relative Shelter Verification** forms.

- Work Schedule (SEE ATTACHED)** – you must have your employer complete, sign and date the work schedule provided. If you are a two parent household, the work schedule must be completed for both parents. (If you are a high school student, you must provide a copy of your school schedule as well as a letter from your school stating your expected date of graduation.)

- School Attendance Verification (LDSS-3708) (SEE ATTACHED)** –This form must be completed by the public/private school that any of your children above the age of 6 are attending whether you are applying for child care subsidy for them or not.

- Child Care Provider Form – (SEE ATTACHED)**

☐ **Child Care Options**

- Regulated Child Care – can accommodate almost every schedule. For help in locating someone to care for your child, contact 914-761-3456 ext. 140 or referrals@cccwny.org
- If you are using someone who is not licensed or registered (family, friend, neighbor, camp), they must enroll as a Legally Exempt Provider.
 - A Legally Exempt Enrollment Packet needs to be completed & submitted.
 - Your provider needs to be enrolled before care will be paid.
 - Payment for child care, will be from the date you are approved for child care subsidy and the date your provider is enrolled as a Legally Exempt Provider.
 - A Vendor ID # is needed for payment to be made to your Legally Exempt Provider.
 - Vendor ID # for child care payments: submit the following with your application or to your DSS worker (call 914-761-3456 ext. 140 for help_
 - Vendor Data Profile
 - W9 Form
 - CCTA access to enter attendance online

Remember, if you need help make an appointment by calling 914-761-3456 ext.140

For any more questions, you can call me at 914-761-3456 ext. 144.

If you have concerns about the services, please contact nicolem@cccwny.org.

Best Regards,

Andrea Rosendo
Subsidy Specialist
(914) 761-3456, ext. 144
andrear@cccwny.org
www.ChildCareWestchester.org

Anita Rosario
Subsidy Specialist
(914) 761-3456 ext. 228
anitar@cccwny.org
www.ChildCareWestchester.org

Child Care Referrals & Resources

Available to You
at No Cost

The Child Care Council of Westchester is a nonprofit organization that helps working parents obtain safe, reliable child care. Call the Council to speak with a trained specialist who can provide:

- ▶ Lists of regulated child care providers and summer camps, and a complete “Nanny Guide”
- ▶ Tips and checklists that will help you recognize safe, quality care and check a child care provider’s compliance/violation history
- ▶ Information about financial resources, including scholarships, subsidies, tax credits and dependent care assistance plans (DCAP’s) that may be available to you
- ▶ Names of child care providers who meet certain criteria, like those who can administer medication, provide a space for breastfeeding, or are experienced with special needs children

All of the Child Care Council’s services are free for parents. Get help today by calling:

914-761-3456 x140

View a list of child care providers open during the pandemic, updated weekly:

www.childcarewestchester.org/covid-19

Search the Council’s child care database or submit an online referral request:

www.childcarewestchester.org/child-care-request



**Child Care Council
of Westchester, Inc.**
INVESTING IN OUR CHILDREN'S FUTURE

313 Central Park Ave.
Scarsdale, NY 10583
(914) 761-3456

childcarewestchester.org



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

ATTENTION: This application is used to apply ONLY for Category 2 or 3 Child Care Assistance. To apply for Cash Public Assistance or other benefits, including Category 1 Child Care Assistance, you must use the New York State Application for Certain Benefits and Services (LDSS-2921).

CASE NAME	CASE #	REGISTRY #	OFFICE	UNIT	WORKER	APP DATE / /
DISTRICT:	CASE TYPE: 40	Services Transaction Type: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert.	Disposition: <input type="checkbox"/> Denial <input type="checkbox"/> Reason Code			<input type="checkbox"/> Withdrawal

SECTION 1. APPLICANT'S INFORMATION

FIRST NAME	M.I.	LAST NAME (Please include any ALIASES or MAIDEN names in parentheses.)
STREET ADDRESS	APT NO.	CITY
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT NO.	CITY
FORMER ADDRESS (IN PAST YEAR)	OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED	
Marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Email (optional):	
Primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify)		

SECTION 2. LIST EVERYBODY WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU. LIST YOURSELF ON THE FIRST LINE.

LN	FIRST Name	M. I.	LAST Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM-DD-YY)	SEX (M/F)	RELATION- SHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) Optional	Enter 'Y' (Yes) or 'N' (No) if Hispanic or Latino (Optional)				Does this child need care? (Y/N)	FOR EACH CHILD in need of child care, answer Yes/No		
								H	I	A	B		P	W	Child is U.S. Citizen/National or Has Satisfactory Immigration Status?
1						SELF									
2															
3															
4															
5															
6															
7															
8															

* Racial Affiliation Codes: I – Native American or Alaskan Native, A – Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White
You may use additional pages if you need more room or there is other information that you think we might need.

SECTION 7. INCOME INFORMATION

Indicate if you or anyone who is applying with you receives work from:	YES	NO	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)
Income from work (including wages/salary, overtime, commissions, training programs, tips)	<input type="checkbox"/>	<input type="checkbox"/>						
Net Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/>						
Child Support Payments (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Alimony/Spousal Support (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Unemployment Insurance Benefits, Workers' Comp	<input type="checkbox"/>	<input type="checkbox"/>						
Social Security Benefits (including SSI)	<input type="checkbox"/>	<input type="checkbox"/>						
Disability Benefits (NYS, VA, Private)	<input type="checkbox"/>	<input type="checkbox"/>						
Rental/Boarder/Lodger Income (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Dividends/Interest - Stocks, Bonds, Savings	<input type="checkbox"/>	<input type="checkbox"/>						
Pensions/Annuities	<input type="checkbox"/>	<input type="checkbox"/>						
Cash Public Assistance (PA) Grant, Safety Net Benefits	<input type="checkbox"/>	<input type="checkbox"/>						
Other (Please specify.)	<input type="checkbox"/>	<input type="checkbox"/>						

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE PROVIDER AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY.

DROP-OFF	Travel time from the child care provider to work/activity?	Public Transportation?	YES	NO
PICK-UP	Travel time from work/activity to the child care provider?	Public Transportation?	YES	NO

SECTION 9. CHILD CARE PROVIDER INFORMATION

PROVIDER NAME AND ADDRESS	NAMES OF CHILDREN	ALREADY ENROLLED?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 10. CHILD'S SCHOOL INFORMATION. List all children enrolled in school

SCHOOL NAME AND ADDRESS	NAMES OF CHILDREN	ATTENDANCE HOURS	
		START TIME	END TIME

SECTION 11. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.

CHANGE REPORTING – I understand that by signing this application form I agree to inform the agency immediately of any change in my needs, income, living arrangement, or address to the best of my knowledge or belief. I agree to inform the agency immediately of any change in child care arrangements, including where child care is provided, who is providing care, provider's fees, and hours for which child care is needed.

PENALTIES – Federal and state laws provide for penalties, including fines, imprisonment, or both if you do not tell the truth when you apply for Child Care Assistance or when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone, for whom you have applied, to obtain or continue to receive Child Care Assistance. If you are the authorized representative applying on behalf of someone else, Child Care Assistance must be used for that person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

CITIZENSHIP – By signing this application, I swear and/or affirm that all the children needing Child Care Assistance are United States citizens or nationals, or persons with satisfactory immigration status. I understand that this information will only be shared to make decisions about the Child Care Assistance Program, and that the United States Citizenship and Immigration Services may be contacted if more information is needed to verify the children's status.

CONSENT FOR INVESTIGATION – I understand that by signing this application form I agree to cooperate fully with any investigation to verify or confirm the information I have given or any other investigation in connection with my request for Child Care Assistance. I will provide additional information if it is requested.

RESOURCES – I certify that my family resources do not exceed \$1,000,000. Resources include, but are not limited to, cash, bank accounts, real estate, stocks, bonds, mutual funds, IRAs, 401(k) accounts, life insurance, trust accounts, annuities, burial funds/spaces.

NON-DISCRIMINATION – This application will be considered without regard to race, color, sex, disability, religious creed, national origin or political belief.

SECTION 12. CERTIFICATION AND SIGNATURE

CERTIFICATION : I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to the local department of social services relating to Child Care Assistance is correct. I have read and understand the notices above. I understand and agree to the consents.

APPLICANT'S/REPRESENTATIVE'S SIGNATURE X	DATE SIGNED / /	SECOND APPLICANT'S/REPRESENTATIVE'S SIGNATURE X	DATE SIGNED / /
PRINT NAME:		PRINT NAME:	

RETURN YOUR APPLICATION TO: THE LOCAL DEPARTMENT OF SOCIAL SERVICES (LDSS) OF THE COUNTY THAT YOU LIVE IN.	Westchester County Department of Social Services Child Care Subsidy Unit 10 County Center Rd White Plains, NY 10607
--	--

FOR AGENCY USE ONLY:

CASE NAME	CASE #	REGISTRY #	VERSION #	RE-USE INDICATOR	DISTRICT:	CASE TYPE: 40	DATE
SERVICES TRANS TYPE: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert.	ELIGIBILITY DETERMINED BY	DATE	Disposition: <input type="checkbox"/> Denial <input type="checkbox"/> Reason Code	ELIGIBILITY APPROVED BY	DATE	<input type="checkbox"/> Withdrawal	DATE
CHILD CARE AUTHORIZATION FROM DATE	CHILD CARE AUTHORIZATION TO DATE	COMMENTS:					
/ /	/ /						
L1 CIN:	L4 CIN:	L7 CIN:					
L2 CIN:	L5 CIN:	L8 CIN:					
L3 CIN:	L6 CIN:	L9 CIN:					



**Child Care Council
of Westchester, Inc.**
INVESTING IN OUR CHILDREN'S FUTURE

**Tips from the Child Care Council of Westchester, Inc.
to help complete the Application for Child Care Subsidy
OCFS-6025(Rev.05/2019)**

Answer all questions.

If not applicable, write in "n/a"

Section 1:

- Use full legal name, include middle initial
- Former address only needs to be completed if families have moved in the last year. If they have not, write in "n/a" (not applicable) or "I have not moved in the last year"

Section 2:

- List everyone who LIVES with the applicant
- Social Security Numbers are optional. To help process the application faster, you should encourage the applicant to include the Social Security Numbers and supply a copy of the families Social Security Cards. (Note: Do not submit the original cards, as they will not be returned.)
 - DSS uses this information to clearly identify applicants and review other benefits the applicants may be receiving. DSS can request social security numbers and/or cards if there is a need for clarity.

Section 3:

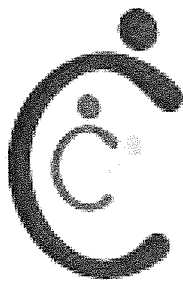
- The questions in this section apply to the applicant **AND** any other adult household member who is applying for Child Care Assistance.

Section 4:

- Be sure that the absent parent's name **AND** address are on the application.
 - DSS wants to stress that the absent parent's FULL ADDRESS is needed on the application.
- Reason why absent parent cannot watch children can be a one word response i.e. working, incarcerated, unreliable, unsuitable housing, etc. or if more space is needed have applicant write a short note dated and signed explaining the reason why.

Section 5:

- Scheduled Days and Hours Worked should reflect the hours worked and should coincide with what is being submitted on the work schedule.
- If the employee does not have an hourly wage, calculate the hourly wage or write period for which it is (weekly, monthly, etc.)



Child Care Council of Westchester, Inc.

INVESTING IN OUR CHILDREN'S FUTURE

Section 6:

- Complete this section when the applicant has a second job and/or when there is a spouse or other parent.
- Write "n/a" or not applicable in this section, if the applicant does not have a second job and if there is no spouse or other parent.

Section 7:

- The questions in this section apply to the applicant **AND** any other adult household member who is applying for Child Care Assistance.

Section 8:

- Indicate in hours and minutes how long it takes to travel.
- If more than an hour, have the applicant explain in detail their travel. DSS will need additional information or documentation to determine if the travel is a reasonable estimation.
 - For more information go to 16-OCFS-LCM-19 Travel Time for Child Care Services Memorandum More info:
https://ocfs.ny.gov/main/policies/external/OCFS_2016/LCMs/16-OCFS-LCM-19.pdf

Section 9:

- Enter name and address of provider chosen; if no provider has been chosen yet enter still seeking or not yet decided.

Section 10:

- Enter the school name and address for all of the children that attend any type formal school setting.

For more information refer to the

[How to Complete the Application for Child Care Assistance \(OCFS-6026\)](#)

Or the LCM https://ocfs.ny.gov/main/policies/external/ocfs_2019/LCM/19-OCFS-LCM-13.pdf

Remember the Child Care Council of Westchester, Inc.
Is here to help your families' successfully complete the child care subsidy
application process. Please be sure to reach out to us for assistance.

914.761.3456 x144

melanies@cccwny.org

nicolem@cccwny.org



NYS Agency-Based Voter Registration Form

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

YES If you checked **YES**, please complete the **VOTER REGISTRATION APPLICATION** below

NO because I choose not to register **OR**

I am already registered at my current address **OR**

I asked for and received a mail registration form

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

_____/_____/_____
Signature Date

Please Print Name

Important!

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

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

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

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

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

□□□ □□□□ □□ □□□□□□ □□□□□□□□ □□□ □□□ □□□□□ 1-800-367-8683

□□□□□□ □□□ □□□□

Rev. 2/2015

VOTER REGISTRATION APPLICATION (instructions on back)

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** Yes, I would like to be an Election Day worker

1	Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If you answered NO, do not complete this form</small>	2	Will you be 18 years old on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If you answered NO, do not complete this form unless you will be 18 by the end of the year</small>	For Board Use Only		
3	Last Name _____ First Name _____ Middle Initial _____ Suffix _____					
4	Address where you live (do not give P.O. box) _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____					
5	Address where you get your mail (if different than above) _____ P.O. Box, Star Route, etc. _____ Post Office _____ Zip Code _____					
6	Date of Birth _____	7	Sex <input type="checkbox"/> M <input type="checkbox"/> F	8	Telephone (optional) _____	Email (optional) _____
10	The last year you voted _____	Your address was (give house number, street and city) _____		9	ID Number (Check the applicable box and provide your number) <input type="checkbox"/> New York State DMV number _____ <input type="checkbox"/> Last four digits of your Social Security number _____ <input type="checkbox"/> I do not have a New York State DMV or Social Security number	
	In county/state _____	Under the name (if different from your name now) _____				
11	Political Party I wish to enroll in a political party <input type="checkbox"/> Democratic party <input type="checkbox"/> Independence party <input type="checkbox"/> Republican party <input type="checkbox"/> Women's Equality party <input type="checkbox"/> Conservative party <input type="checkbox"/> Reform party <input type="checkbox"/> Green party <input type="checkbox"/> Other _____ <input type="checkbox"/> Working Families party I do not wish to enroll in a political party <input type="checkbox"/> No party			12	Affidavit: I swear or affirm that <ul style="list-style-type: none"> I am a citizen of the United States. I will have lived in the county, city or village for at least 30 days before the election. I will meet all requirements to register to vote in New York State. This is my signature or mark on the line below. The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. 	
				_____/_____/_____ Signature or Mark in ink Date		

(Optional) Register to donate your organs and tissues

Last Name			
First Name		Middle Initial	Suffix
Address			
Apt Number	City/Town/Village		Zip Code
Birth Date		Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Eye Color		Height Ft. In.	

By signing below, you certify that you are:

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



_____/_____/_____
Signature Date

Qualifications for Registration

Important

!

You Can Use This Form To:

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

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

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

NYS Board of Elections 40 North Pearl St, Suite 5
Albany, NY 12207-2729
Telephone: 1-800-469-6872;
TDD/TTY users contact the New York State
Relay at 711; or visit our web site -
www.elections.ny.gov

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

Verifying your identity

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

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

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

To complete this form:

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

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

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

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

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HOW TO COMPLETE THE APPLICATION FOR CHILD CARE ASSISTANCE

CATEGORIES OF CHILD CARE ASSISTANCE IN THE NEW YORK STATE CHILD CARE BLOCK GRANT PROGRAM

- 1) Families eligible for a child care guarantee – applying for or receiving Cash Public Assistance (PA), or receiving Child Care Assistance in lieu of PA or receiving transitional child care
- 2) Families eligible when funds are available
- 3) Families eligible when funds are available and the Department of Social Services has included them in its Child and Family Services Plan

THIS APPLICATION IS USED TO APPLY ONLY FOR CHILD CARE ASSISTANCE AS A CATEGORY 2 OR 3 FAMILY

If you are applying only for category 2 or 3 Child Care Assistance, you can use this shorter application. If you want to apply for other benefits such as Cash Public Assistance, Supplemental Nutrition Assistance Program (Food Stamps), Home Energy Assistance, Medicaid or other services, including category 1 Child Care Assistance, please ask for the *New York State Application for Certain Benefits and Services* (LDSS-2921).

By submitting the *Application for Child Care Assistance* instead of the *New York State Application for Certain Benefits and Services* (LDSS-2921), you are applying for Child Care Assistance only in categories 2 and 3, i.e., when funds are available. You are not applying in category 1, guaranteed child care.

APPLYING FOR CHILD CARE ASSISTANCE

- You can file an application the same day you receive it. If you are eligible, benefits may be provided back to the date you filed your application.
- You can file your application in person or by mail.
- We will accept your application if it contains, at a minimum, your name, address, and a signature. However, the application must be completed for us to determine your eligibility.

HOW TO COMPLETE THE APPLICATION

- COMPLETE each section not listed as optional.
- Please PRINT clearly.
- DO NOT PRINT IN THE SHADED AREAS.

- If you are applying as someone's representative, please print information about that person.

WHERE TO TURN IN THE APPLICATION

- The department of social services (DSS) of the county that you live in.

Make sure you have been given copies of:

- LDSS-4148A, *What You Should Know About Your Rights and Responsibilities*
- LDSS-4148B, *What You Should Know About Social Services Programs*
- LDSS-4148C, *What You Should Know If You Have an Emergency*

These booklets contain important information about your rights and responsibilities.

IF YOU WANT TO WITHDRAW YOUR APPLICATION

- Submit a signed, written request to the LDSS where you applied. You may reapply anytime.

PAGE 1 OF THE APPLICATION

SECTION 1. APPLICANT'S INFORMATION

- **NAME:** PRINT your legal name including your first name, middle initial, and last name. Include any aliases or maiden names.
- **PHONE NUMBER:** PRINT your phone number, including area code.
- **STREET ADDRESS:** PRINT the full street address, including apartment, city, state, and zip code, where you **now** live.
- **MAILING ADDRESS:** If you get your mail somewhere other than where you live, PRINT that address here.
- **FORMER ADDRESS:** If you have moved in the last year, PRINT your previous address(es). If you need more space, use section 10 on page 4 or attach additional sheets of paper as needed.
- **OTHER PHONE NUMBERS:** If you can be reached at another phone number, PRINT that phone number here.
- **MARITAL STATUS:** Check the box that describes your marital status **now**.
- **PRIMARY LANGUAGE:** What language is spoken most often in your household? Check the box that applies. If "other", PRINT the name of the language.
- **EMAIL:** If you can be reached by email, PRINT your email address.

SECTION 2. HOUSEHOLD MEMBER INFORMATION

LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.

- **NAME:** PRINT your name first, then the names of the other people who live with you. Include aliases and maiden names.
- **DATE OF BIRTH AND SEX:** PRINT each person's date of birth and sex.
- **RELATIONSHIP:** PRINT each person's relationship to you (for example: husband, wife, son, foster child, friend, boyfriend, girlfriend, roomer, boarder, etc.)

FOR EVERY PERSON WHO IS APPLYING, COMPLETE THE FOLLOWING:

Those considered applying are the children in need of care, and their parents (including stepparents), and siblings under the age of 18 in the household.

- **SOCIAL SECURITY NUMBER:** You may, but do not have to, list Social Security numbers. Social Security numbers may be used by federal, state, and local agencies to prevent duplication of services, prevent and detect fraud, and for federal reporting.
- **HISPANIC/LATINO:** Enter Y (Yes) or N (No) to indicate if each person applying is Hispanic or Latino or not.
Providing ethnicity information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **RACE:** Enter Y (Yes) or N (No) for each of the race codes.
I - Native American or Alaskan Native, A - Asian, B - Black or African American, P - Native Hawaiian or Pacific Islander, W - White.
Providing race information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **CHILD CARE NEED:** Enter Y (Yes) or N (No) to tell us whether each child needs child care.

FOR EVERY CHILD IN THE HOUSEHOLD WHO NEEDS CHILD CARE, ALSO ANSWER YES OR NO FOR THE FOLLOWING:

- **CHILD IS U.S. CITIZEN/ NATIONAL/HAS SATISFACTORY IMMIGRATION STATUS:** Enter Y (Yes) or N (No) to tell us whether each child who needs Child Care Assistance is a *United States citizen, United States national, or person with satisfactory immigration status*. The citizenship or immigration status of the child's parent or other household members will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.

PAGE 1 OF THE APPLICATION CONT.

• CHILD WITH DISABILITY:

Enter Y (Yes) or N (No) to tell us whether each child has a disability or not. Generally speaking, a child with a disability means one of the following:

- a child who is aged 3 through 9 years and experiencing developmental delays in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; OR
- a child who needs special education and related services due to one of the following: intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; OR
- a child who is under the age of 3 years and is eligible for Early Intervention Services; OR
- a child who is under the age of 13 years and who has a physical or mental impairment that substantially limits one or more major life activities.

- **BOTH PARENTS IN HOME:** Enter Y (Yes) or N (No) to tell us whether both parents of each child live in the household (for each child).

PAGE 2 OF THE APPLICATION

SECTION 3. OTHER HOUSEHOLD INFORMATION

The questions in the section apply to the applicant **AND** any other adult household members who are applying for Child Care Assistance with you — that means a spouse who lives with you, or an adult who lives with you and with whom you have at least one child in common.

CHECK YES OR NO FOR EACH OF THE FOLLOWING:

- **CHILD CARE FOR WORK:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care so that you can work.
- **CHILD CARE FOR OTHER REASON:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care for a reason other than work. If yes, what is the reason?
 • **HOMELESS:** Check (✓) Yes or No to tell us whether your family has a fixed, regular, adequate place to stay at night.
- **MILITARY:** Check (✓) Yes or No to tell us whether a parent in the household is on active duty, serving full-time in the U.S. Military.
- **MILITARY RESERVE:** Check (✓) Yes or No to tell us whether a parent in the household is a member of a National Guard or Military Reserve unit.
- **CASH PUBLIC ASSISTANCE:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for Cash Public Assistance (PA).
- **OTHER CHILD CARE FUNDS:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for other help paying for child care.
- **PREGNANT:** Check (✓) Yes or No to tell us whether you and/or the second applicant are pregnant. If yes, what is the due date?

SECTION 4. ABSENT PARENT INFORMATION

- **PRINT** the names of children under the age of 21 for whom you are applying for child care assistance and whose parent does not live in your household.
- **PRINT** the names and addresses of the absent parents, such as a non-custodial parent.
- **CHECK (✓)** Yes or No to tell us whether the absent parent is available to provide child care. If they are not available, tell us the reason. (Such as, working, rehab, jail, court order etc.)

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

- **EMPLOYER INFORMATION:** PRINT the name, address, and phone number of where you work.
- **JOB INFORMATION:** Complete this section about your job: When did you start? If you are paid per hour, how much is your hourly wage? Does your schedule vary? Do you work overtime? What is your schedule?

PAGE 2 OF THE APPLICATION Cont.

SECTION 6. OTHER EMPLOYMENT INFORMATION

- **WHOSE JOB INFORMATION?** Indicate whether the employment information here is for the applicant's second job or the spouse's job (if they live in the household) or the other parent's job (if the other parent lives in the household).
PRINT the name, address, and phone number of the job.
- **EMPLOYER INFORMATION:** Complete this section about the job: When did the job start? Does the schedule vary? Does the job require overtime? What is the schedule?
- **JOB INFORMATION:**

PAGE 3 OF THE APPLICATION

SECTION 7. INCOME INFORMATION

- Check (✓) Yes or No for yourself and anyone who lives with you for each kind of income.
- For each "Yes" answer, PRINT the dollar (\$) amount or value, how often it is received, and the name of the person who gets the income.
- All income for all household members must be reported on the application.

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE LOCATION AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY

- **DROP-OFF TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from the child care provider to work, educational, or other approved activity after dropping the child off for care. Check yes or no to indicate whether public transportation is used.
- **PICK-UP TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from work, educational, or other approved activity to the child care provider for pick-up. Check yes or no to indicate whether public transportation is used.

SECTION 9. CHILD CARE PROVIDER INFORMATION

- PRINT the names and addresses of all Child Care Providers that you are currently using or plan to use for each child in child care.
- CHECK (✓) Yes or No to tell us whether the child(ren) are already enrolled with the provider.

SECTION 10. CHILD'S SCHOOL INFORMATION

- PRINT the names and addresses of all schools that your children attend for each child in child care.
- Indicate the hours of operation for the school program that the child attends. For example, 8:45 a.m. to 2:45 p.m. Do not include the hours the child attends an after-school child care program, even if that program is run in the school.

PAGE 4 OF THE APPLICATION

SECTION 11. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW

READ THIS SECTION CAREFULLY or have someone read it to you. This section contains important information about your rights and responsibilities relative to receiving assistance. By signing and submitting an application, you indicate that you understand and agree to the statements in this section.

SECTION 12. CERTIFICATION AND SIGNATURE

- **SIGNATURE:** SIGN your name and date. *If you have filled out the application for someone else, sign your own name.*
- **SECOND APPLICANT'S SIGNATURE:** If your husband or wife lives with you, both of you must sign the application. If an adult with whom you have at least one child in common lives with you, both of you must sign the application.

NOTE: The last page of the *Application for Child Care Assistance* is an application to register to vote. If you would like help filling out the voter registration application form, ask your eligibility examiner. Applying to register or declining to register to vote will not affect your eligibility for child care assistance or the amount of assistance that you will be given by this agency.

Child Day Care Subsidies
 10 County Center Rd, 2nd Fl
 White Plains, NY 10607

Verification of Employment Income Form

For Employees That Do Not Receive Pay Stubs and/or Are Paid in Cash (off the books)*

*A SITE VISIT WILL BE MADE BY THE DEPARTMENT TO VERIFY ALL OFF THE BOOKS EMPLOYMENT

Employee must complete this section

Employee's Name:
Case # or Social Security # of employee:

Employer must complete this section

Employer's or Company's Name:
Contact Name:
Employer's Address:
Employer's Telephone #:

Dear Employer,

Employees who are paid in cash or personal checks may be eligible for child care subsidy. This form is used for obtaining child care.

Please complete every section in the next 2 boxes below.

Is the employee paid in cash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the employee paid by check (not pay stubs)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How often is the employee paid?	<input type="checkbox"/> weekly	<input type="checkbox"/> bi-weekly
	<input type="checkbox"/> other: _____	
What is the <u>GROSS</u> amount paid to applicant? _____		
(Amount paid before taxes or deductions)		

Enter the last four gross amounts paid:

Amount paid: \$	Pay Period:	Date paid:
Amount paid: \$	Pay Period:	Date paid:
Amount paid: \$	Pay Period:	Date paid:
Amount paid: \$	Pay Period:	Date paid:

Employer's Signature and Title _____ Date _____

Local District Name and Address:	Case Number:	Worker ID:
		Case Name and Address:

Dear Sir/Madam:

We are currently reviewing the assistance case of the above named person. In order to complete our evaluation of this case, we need information regarding household composition and shelter expenses. This form is for verification purposes only, and does not imply any obligation on the part of this Agency.

Please complete this questionnaire beginning with Section A below. Thank you for your cooperation.

SECTION A: SHELTER DESCRIPTION

Address: _____ City: _____ Zip Code: _____ County: _____	Type of Dwelling (Check One)		
	<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment (# ____) <input type="checkbox"/> House <input type="checkbox"/> Trailer No. of Bedrooms: ____ </td> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> Room in Private Home <input type="checkbox"/> Commercial Rooming House Are Meals Included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is any part of the room rent used for heat or utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No </td> </tr> </table>	<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment (# ____) <input type="checkbox"/> House <input type="checkbox"/> Trailer No. of Bedrooms: ____	<input type="checkbox"/> Room in Private Home <input type="checkbox"/> Commercial Rooming House Are Meals Included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is any part of the room rent used for heat or utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment (# ____) <input type="checkbox"/> House <input type="checkbox"/> Trailer No. of Bedrooms: ____	<input type="checkbox"/> Room in Private Home <input type="checkbox"/> Commercial Rooming House Are Meals Included? <input type="checkbox"/> Yes <input type="checkbox"/> No Is any part of the room rent used for heat or utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION B: HOUSEHOLD COMPOSITION

Number of people living in this rental unit: _____			
Names	How long has this person lived here?	Names	How long has this person lived here?
Does anyone listed above have a telephone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is anyone listed above employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Number: _____		Name: _____	
		Employer: _____	
Does anyone listed above perform any services for you for which he/she receives a lower rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any employment opportunities for a member of this household? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain: _____		If yes, explain: _____	

SECTION C: SHELTER EXPENSES

Rental Amount: \$ _____ Due: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Twice a month	Is rent paid up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No Last month that rent was paid in full: _____
Name of person(s) paying rent: _____ Name of Tenant of Record: _____ (If different from person paying the rent)	Is rent subsidized? (e.g. HUD) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount subsidized: _____ Subsidizing agency: _____
Check the following which are included in the rent: <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Hot Water <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Furniture <input type="checkbox"/> Garbage Collection <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Cooking Fuel <input type="checkbox"/> Meals <input type="checkbox"/> Heating Equipment	
If heat is not included in rent, check the primary type of fuel used for heating : <input type="checkbox"/> Natural Gas <input type="checkbox"/> Kerosene <input type="checkbox"/> Propane <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Electricity <input type="checkbox"/> Oil	
Does the furnace/stove heat: <input type="checkbox"/> Only this apartment <input type="checkbox"/> Entire House <input type="checkbox"/> Other (Specify): _____	
Does the tenant pay to you an amount, separate from the rent, for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list monthly amount: _____ If no, does the tenant pay the vendor directly for heat? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the tenant pay to you an amount, separate from the rent, for water? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list monthly amount: _____	
Does the tenant pay to you an amount, separate from the rent, for other non-heating utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list monthly amount: _____	
If tenant pays for non-heating utilities, are there separate meters for the tenant's apartment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To your knowledge, does anyone that lives outside of the household pay all or part of the rent and/or utilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____	

SECTION D: LANDLORD INFORMATION

Does Landlord live in the same apartment/ rental unit as tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Tenant moved in / will move in:
Relationship to Tenant:	Landlord's Name:
Landlord's Address:	Landlord's Telephone Number:
Landlord's Signature:	Landlord's E-mail Address:
Date:	Owner's Name (If different than landlord):
Owner's Address:	Owner's Telephone Number: Owner's E-mail Address:

GEORGE LATIMER
County Executive

DEPARTMENT OF SOCIAL SERVICES

LEONARD G. TOWNES
Commissioner

NON-RELATIVE SHELTER VERIFICATION

I, _____ am not a relative of

_____, He/she lives at
(client's name)

_____ and I know that the
(address)

following people live there:

1. _____

2. _____

3. _____

4. _____

5. _____

Signature

Date

George Latimer
County Executive

Department of Social Services

Leonard G. Townes
Commissioner

VERIFICACIÓN DE VIVIENDA
(POR UNA PERSONA QUE NO ES PARIENTE DE LA FAMILIA)

Yo, _____, no soy un pariente de

_____. El/ella vive en
(nombre de cliente)

_____ y yo sé que las
(dirección)

siguientes personas viven allí:

1. _____
2. _____
3. _____
4. _____
5. _____

Firma

Número de teléfono

Fecha



GEORGE LATIMER
County Executive

DEPARTMENT OF SOCIAL SERVICES

LEONARD G. TOWNES
Commissioner

NON-RELATIVE SHELTER VERIFICATION

I, _____ am not a relative of
_____. He/she lives at
(client's name)
_____ and I know that the
(address)

following people live there:

1. _____
2. _____
3. _____
4. _____
5. _____

Signature

Date

George Latimer
County Executive

Department of Social Services

Leonard G. Townes
Commissioner

VERIFICACIÓN DE VIVIENDA
(POR UNA PERSONA QUE NO ES PARIENTE DE LA FAMILIA)

Yo, _____, no soy un pariente de

_____. El/ella vive en
(nombre de cliente)

_____ y yo sé que las
(dirección)

siguientes personas viven allí:

1. _____
2. _____
3. _____
4. _____
5. _____

Firma

Número de teléfono

Fecha

WORK SCHEDULE

Employee's Name: _____ SS# _____ Case# _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone #: _____

Employee's Work Site

Address _____

Dear Employer,

Please enter the start time and end time of the most recent work week. If your employee's schedule varies please provide 2 work schedules.

Month: _____ Year: _____

My employees hours vary, explain:

Hours below are for week ending
on:

(Enter complete date month/day / year)

	<u>Start Time</u>	<u>End Time</u>
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Signature & Title: _____ Date: _____

WORK SCHEDULE

Employee's Name: _____ SS# _____ Case# _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone #: _____

Employee's Work Site

Address _____

Dear Employer,

Please enter the start time and end time of the most recent work week. If your employee's schedule varies please provide 2 work schedules.

Month: _____ Year: _____

My employees hours vary, explain:

Hours below are for week ending
on:

(Enter complete date month/day / year)

	<u>Start Time</u>	<u>End Time</u>
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

Signature & Title: _____ Date: _____

BLUE is tips to help complete this form correctly

WORK SCHEDULE

Employee's Name: Jane Smith SS# 999-99-9999 Case#

Employer's Name: Should match name on pay stubs & application

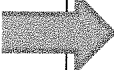
Employer's Address: Employer address

Employer's Telephone #: 914-999-9999

Dear Employer,

Please enter the start time and end time of the most recent work week. If your employee's schedule varies please provide 2 work schedules.

Month: January Year: 2019

 **My employees hours vary, explain:** (Only check if employee's schedule varies & add comment to explain) Example: Employee's schedule changes week to week, Monday thru Friday can come in as early as 8am and leave as late as 7pm and works every other Saturday.

Hours below are for week ending on: 9/3/2021 enter the last day of the week that the schedule represents below
(Enter complete date month/day/year)

	<u>Start Time</u>	<u>End Time</u>
MONDAY	8:30 AM Enter in Start Time for each individual day worked, enter AM & PM	6:30 PM Enter in END Time for each individual day worked, enter AM & PM
TUESDAY	8:30 AM	6:30 PM
WEDNESDAY	8:30 AM	6:30 PM
THURSDAY	8:30 AM	6:30 PM
FRIDAY	8:30 AM	6:30 PM
SATURDAY		
SUNDAY		

Signature & Title: Representative's signature and TITLE Date: 9/7/2021

SCHOOL ATTENDANCE VERIFICATION

LOCAL DISTRICT NAME AND ADDRESS:	CASE NUMBER	WORKER ID
	CASE NAME AND ADDRESS	

SCHOOL NAME AND ADDRESS

Date: _____



- Fold

Fold -

Dear Sir/Madam:

We are currently reviewing the assistance case of the above named person. According to our records, child(ren) in the assistance case are enrolled in your school. In order to complete our review, we need information on the following child(ren).

CHILD(REN) NAME	DATE OF BIRTH

Please complete the questions on the reverse side based on Emergency Card Information.
For your convenience, a business reply envelope is enclosed.

SIGNATURE OF ELIGIBILITY WORKER: x	UNIT	TELEPHONE NO.
--	------	---------------

SCHOOL ATTENDANCE VERIFICATION

PLEASE ANSWER, ACCORDING TO YOUR RECORDS, ALL QUESTIONS REGARDING THE CHILD(REN) LISTED ON THE FRONT: Enter date the Emergency Card was completed _____

1. A. Please indicate the enrollment and attendance status of each child:

Name of Child	Enrollment Status			Attendance Status		
	Full Time	Part Time	Not Enrolled	Satisfactory	Not Satisfactory	Not Attending

B. For those children 17 years of age or older, please give the expected month/year of graduation of each:

Name	Mo./Yr.:	Name:	Mo./Yr.:
------	----------	-------	----------

2. Who is listed as the parent(s) or legal guardian?

Name:	Name:
-------	-------

3. What is the home address of the child(ren)?

Name	Address	City	State	Zip Code

4. Name of person(s) with whom the child(ren) resides:

Name:
Name:

5. Does the Emergency Card indicate that the parent(s)/legal guardian is employed?

Yes No If Yes, Where?

Employer's Name	Address	City	State	Zip Code

6. What is the emergency number where the parent(s)/legal guardian can be reached? () _____

7. According to your records, who is to be notified in case of an emergency, other than the parent or legal guardian?

Name:	Phone:
Address::	City State Zip Code

8. Children are required to attend school to the end of the school year during which a child turns:

16 yrs. 17 yrs.

Please *Print* your name: _____

Signature: _____

Title: _____ Telephone Number: () _____

THANK YOU FOR YOUR COOPERATION

**Department of Social Services
CHILD CARE PROVIDER FORM
CHILD DAY CARE SUBSIDIES
10 County Center Road -2nd Floor
White Plains, New York 10607**

Provider MUST complete this form. It will establish that the child care you provide is legal under the laws of New York State. **PAYMENT WILL ONLY BE MADE AFTER THE CHILD CARE YOU PROVIDE HAS BEEN ESTABLISHED TO BE LEGAL.**

1) Provider's Name: _____
 SITE Address: _____
 Telephone #: (914) _____ Cell #: _____
 Provider MAILING Address _____
 IF DIFFERENT FROM SITE ADDRESS _____
 S.S.# OR Vendor #: _____

2) Anticipated start date of care or the date you are seeking payment for: _____ (DATE IS REQUIRED)

PLEASE provide information requested below for EACH CHILD ON THIS CASE in your care.

Child's Name	Child's Age	Time & Number of Day (s) in Care														Number of Hours Per Day	Total Hours Per Week	Amount You Charge Per Week	Providers Relationship to The Child			
		M		T		W		TH		FR		SAT		SUN								
		In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out							
(SAMPLE) John Doe	6	8 AM	4 PM	8 AM	4 PM	10 AM	5 PM	10 AM	5 PM	NA	NA	11 AM	6 PM	NA	NA	7	49	\$495.00	Aunt			

COMPLETE A OR B BELOW

(A) UNLICENSED INDIVIDUALS COMPLETE THIS SECTION: (Circle One)

I) Are you caring for more than 2 children who are related to you? YES* NO If yes, complete section 1 (B)
 YES* NO If yes, complete section 1 (C)
 YES* NO If yes, complete section 1 (A)

II) Are you under 18 years of age?

III) Is care provided in the child's home?

(B) LICENSED / REGISTERED PROVIDERS COMPLETE THIS SECTION

Type of care you provide (check one)

Family Care _____

Center Based _____

Group family Day Care _____

School Age Care _____

License Number: _____

Expiration Date: _____

(C) IF YOU ARE A LEGALLY EXEMPT PROVIDER OF GROUP DAY CARE, COMPLETE PAGE 2, SECTION 2 ON REVERSE SIDE

***** THIS FORM MUST BE SIGNED AND DATED BY PARENT & PROVIDER *****

→ Providers Signature: _____

Date: _____

→ Customer's Signature: _____

Date: _____

SECTION I
INFORMAL CAREGIVER

SELECT THE STATEMENT AND ANSWERS THAT APPLY TO YOU. THEN SIGN AND DATE THIS FORM IN THE SPACE PROVIDED AT THE BOTTOM OF THE PAGE.

A. () I provide care in the child(ren)'s home. I understand that if I provide care for more than 4 hours a day and more than 4 hours a week I am entitled to received minimum wage and other applicable employee benefits. I understand that the person who hired me is responsible for the difference between minimum wage and the amount the County Department of Social Services can pay.

B. () I provide care in my home and:

I am (Circle one) the grandparent , great grandparent, great grandparent , aunt/uncle, great aunt/ great uncle, brother/ sister or first cousin of all the children in my care.

I provide care for no more than two children in my home (not counting my own children and not counting children who are over 14 years of age).

I provide care for 3 or more children. However, I never have more than 2 children in care at the same time for more than 3 hours.

C. () I am under 18 years of age. I understand that I can only be paid if I can check one of the statements below because it is true.

I have working papers and I do not provide care during the hours I am supposed to be in school; AND I am 14 or 15 years old and I work no more than 3 hours per day and less than or equal to 18 hours per week while school is in session; AND I do not provide care between the hours of 7: 00 PM and 7:00 AM.

I have working papers and I do not provide care during the hours I am supposed to be in school; AND I am 16 or 17 years old and I work no more than 4 hours per day and less than or equal to 28 hours per week while school is in session; AND I do not provide care between the hours of 10: 00 PM and 6:00 AM.

For the following questions, **CIRCLE** the answer which applies to you

I (allow) (do not allow) the parents or legal guardians of the children listed on this form unlimited and on demand access to their children; to written records regarding their children; and to myself and the premises when ever their children are in care.

I (have) (have not) received all fees from the parents or legal guardian which are due to me as of this date.

Provider's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

THIS FORM MUST BE SIGNED BY PARENT & PROVIDER

SECTION 2
REGISTERED FAMILY DAY CARE, LEGALLY EXEMPT, OR LICENSED GROUP PROVIDERS/LICENSED DAY CARE CENTER

SELECT THE STATEMENT AND ANSWERS THAT APPLY TO YOU. THEN SIGN AND DATE THIS FORM IN THE SPACE PROVIDED AT THE BOTTOM OF THE PAGE.

() A nursery school, pre-kindergarten or day care program for children three years of age or older operated by a public school district or by a private school or academy which is providing elementary or secondary education or both in accordance with compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

() A program for school-aged children conducted during non-school hours operated by a public school district or by private school or academy which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

() A nursery school or program for pre-school- aged children which provides services to children for three or less hours per day.

() A Summer camp operated in accordance with Subpart 7-2 of the State Sanitary Code and holds a valid permit from the Department of Health. Attach a copy of your permit to operate a summer day camp.

() A day care center, family day care home or other child care program located on federal or tribal property and operated in compliance with applicable federal or tribal laws and regulations.

() If none of the above describes your Program, you may need to be licensed. Westchester County DSS can not pay you until you provide documentation of your License. For more information call (914) 995-5478.

() I am registered by the NYS Department of Social Services to provide child care services in my home or this is a NYS Licensed Group Day Care Center.

() DAY CARE CENTER

For the following questions, **CIRCLE** the answer which applies to you

I (allow) (do not allow) the parents or legal guardians of the children listed on the front side of this form unlimited and on demand access to their children; to written records regarding their children; and to myself and the premises when ever their children are in care.

Provider's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

THIS FORM MUST BE SIGNED BY PARENT & PROVIDER



**Department of Social Services
CHILD CARE PROVIDER FORM
CHILD DAY CARE SUBSIDIES**
10 County Center Road -2nd Floor
White Plains, New York 10607

Provider MUST complete this form. It will establish that the child care you provide is legal under the laws of New York State. **PAYMENT WILL ONLY BE MADE AFTER THE CHILD CARE YOU PROVIDE HAS BEEN ESTABLISHED TO BE LEGAL.**

1) Provider's Name: Jane Smith Child Care Parent's Name: _____
 SITE Address: 313 Central Park Avenue Address: _____
Scarsdale, NY 10583 Parent's address: _____
 Telephone #: (914) 781-3456 Cell #: _____
 Provider MAILING Address Same as Above Telephone # Home & Cell: () _____ Parent's Number
 IF DIFFERENT FROM SITE ADDRESS _____
 S.S # OR Vendor #: 140332 Case / S.S No. : _____ if known; social security number is optional

2) Anticipated start date of care or the date you are seeking payment for: the exact or anticipated start date (DATE IS REQUIRED)

PLEASE provide information requested below for EACH CHILD ON THIS CASE in your care.

Child's Name	Child's Age	Time & Number of Day (s) in Care														Total Hours Per Week	Amount You Charge Per Week	Providers Relationship to The Child	
		M		T		W		TH		FR		SAT		SUN					
		In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out				
(SAMPLE) John Doe	6	8 AM	4 PM	8 AM	4 PM	10 AM	5 PM	10 AM	5 PM	NA	NA	11 AM	6 PM	NA	NA	7	\$495.00	Aunt	
Child's Name	3y	8 am	6:30 pm	8 am	6:30 pm	8 am	6:30 pm	8 am	6:30 pm	6:30 am	3 pm	NA	NA	NA	NA	10.5	\$250.00	Provider	
Child's Name	7y	3 pm	6:30 pm	3 pm	6:30 pm	3 pm	6:30 pm	3 pm	6:30 pm	6:30 am	3 pm	NA	NA	NA	NA	3.5	\$185.00	Provider	

COMPLETE A OR B BELOW Check off your type of care
 (A) UNLICENSED INDIVIDUALS COMPLETE THIS SECTION: (Circle One)
 I) Are you caring for more than 2 children who are related to you? YES* NO If yes, complete section 1 (B)
 II) Are you under 18 years of age? YES* NO If yes, complete section 1 (C)
 III) Is care provided in the child's home? YES* NO If yes, complete section 1 (A)

(B) LICENSED / REGISTERED PROVIDERS COMPLETE THIS SECTION
 Type of care you provide (check one)
 Family Care
 Center Based
 Group family Day Care
 School Age Care
 Enter provider's license/registration # _____ License Number: _____ Expiration Date: _____
 Enter provider's expiration date _____

(C) IF YOU ARE A LEGALLY EXEMPT PROVIDER OF GROUP DAY CARE, COMPLETE PAGE 2, SECTION 2 ON REVERSE SIDE
 ***** THIS FORM MUST BE SIGNED AND DATED BY PARENT & PROVIDER *****

→ Providers Signature: _____ Provider SIGN & DATE Here Date: _____
 ↓ ↓ Customer's Signature: _____ Parent SIGN & DATE Here Date: _____

SECTION I
INFORMAL CAREGIVER

SECTION 2

REGISTERED FAMILY DAY CARE, LEGALLY EXEMPT, OR LICENSED GROUP PROVIDERS/LICENSED DAY CARE CENTER

SELECT THE STATEMENT AND ANSWERS THAT APPLY TO YOU. THEN SIGN AND DATE THIS FORM IN THE SPACE PROVIDED AT THE BOTTOM OF THE PAGE.

SELECT THE STATEMENT AND ANSWERS THAT APPLY TO YOU. THEN SIGN AND DATE THIS FORM IN THE SPACE PROVIDED AT THE BOTTOM OF THE PAGE.

A. () I provide care in the child(ren)'s home. I understand that if I provide care for more than 4 hours a day and more than 4 hours a week I am entitled to received minimum wage and other applicable employee benefits. I understand that the person who hired me is responsible for the difference between minimum wage and the amount the County Department of Social Services can pay.

() A nursery school, pre-kindergarten or day care program for children three years of age or older operated by a public school district or by a private school or academy which is providing elementary or secondary education or both in accordance with compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

B. () I provide care in my home and:
_____ I am (Circle one) the grandparent, great grandparent, great grandparent, aunt/uncle, great aunt/ great uncle, brother/ sister or first cousin of all the children in my care.
_____ I provide care for no more than two children in my home (not counting my own children and not counting children who are over 14 years of age).
_____ I provide care for 3 or more children. However, I never have more than 2 children in care at the same time for more than 3 hours.

() A program for school-aged children conducted during non-school hours operated by a public school district or by private school or academy which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

() A nursery school or program for pre-school- aged children which provides services to children for three or less hours per day.

C. () I am under 18 years of age. I understand that I can only be paid if I can check one of the statements below because it is true.

() A Summer camp operated in accordance with Subpart 7-2 of the State Sanitary Code and holds a valid permit from the Department of Health. Attach a copy of your permit to operate a summer day camp.

_____ I have working papers and I do not provide care during the hours I am supposed to be in school; AND I am 14 or 15 years old and I work no more than 3 hours per day and less than or equal to 18 hours per week while school is in session; AND I do not provide care between the hours of 7: 00 PM and 7:00 AM.

() A day care center, family day care home or other child care program located on federal or tribal property and operated in compliance with applicable federal or tribal laws and regulations.

_____ I have working papers and I do not provide care during the hours I am supposed to be in school; AND I am 16 or 17 years old and I work no more than 4 hours per day and less than or equal to 28 hours per week while school is in session; AND I do not provide care between the hours of 10: 00 PM and 6:00 AM.

() If none of the above describes your Program, you may need to be licensed. Westchester County DSS can not pay you until you provide documentation of your License. For more information call (914) 995-5478 .

() I am registered by the NYS Department of Social Services to provide child care services in my home or this is a NYS Licensed Group Day Care Center.

For the following questions, **CIRCLE** the answer which applies to you

DAY CARE CENTER

Check here if you are a center, family provider or school age

I (allow) (do not allow) the parents or legal guardians of the children listed on the front side of this form unlimited and on demand access to their children; to written records regarding their children; and to myself and the premises when ever their children are in care.

For the following questions, **CIRCLE** the answer which applies to you

Answer this question

I (allow) (do not allow) the parents or legal guardians of the children listed on the front side of this form unlimited and on demand access to their children; to written records regarding their children; and to myself and the premises when ever their children are in care.

Provider's Signature: _____ Date: _____

Provider SIGN & DATE Here _____ Date: _____

Parent's Signature: _____ Date: _____

Parent SIGN & Date Here _____ Date: _____

THIS FORM MUST BE SIGNED BY PARENT & PROVIDER

THIS FORM MUST BE SIGNED BY PARENT & PROVIDER

DEPARTMENT OF SOCIAL SERVICES
Child Day Care Subsidies

Authorization for Release of Information

Customer's Name:		Date:	
Case Number:		Customer's SS # (last 4) :	
Customer's Address:			
	(Street)	(City)	(State) (Zip)

I, _____, hereby authorize the Westchester County Department of Social Services to:

disclose information receive information from exchange information with

To release information to:	Name(s):	
	Agency Name:	
	Agency Address:	
		(Street) (City) (State) (Zip)

The information to be disclosed is: (Be specific)	
---	--

The information identified above will be used for: (Be specific)	
--	--

This release of information consent remains in effect until (provide date):	
---	--

Customer's Consent:

This authorization is voluntary and remains in effect until the above date, unless specifically revoked by written notice to Westchester County Department of Social Services. Any information released prior to my written revocation of this authorization shall not be a breach of confidentiality.

Customer's Signature: _____ Date Signed: _____

Witness: _____ Date Signed: _____



CERTIFICATION / RECERTIFICATION CHECKLIST

THE ENCLOSED FORMS MUST BE COMPLETED AND RETURNED WITH ALL SUPPORTING DOCUMENTS:

THE APPLICATION: OCF-6025

1. ___ Please complete all pages and sections of the application.
2. ___ Sign page four (4). If your spouse or the parent of your child resides with you, they must sign the application too.
3. ___ All household members **MUST** be listed on Section 2 of the application even if they are not applying for child care.
4. ___ The name, DOB, Sex and relationship of each household member must be indicated in the appropriate column.
5. ___ For EVERY CHILD, you must indicate if the child is a citizen, if child needs child care, if the child has a disability and whether or not BOTH parents are in the household.

IDENTIFICATION / PROOF OF CHILD(REN)'S CITIZENSHIP:

1. ___ Parent / applicant's drivers license or state ID card, passport, birth certificate, etc.
2. ___ Child's birth certificate, passport, visa.

EMPLOYMENT - WORK SCHEDULE FOR EACH JOB:

1. ___ The last **4** consecutive pay stubs if paid weekly **OR** income verification on company letterhead if you do not have pay stubs. The last **2** consecutive pay stubs if paid bi - weekly **OR** income verification on company letterhead if you do not have pay stubs.
2. ___ Work schedule for **each job**; completed and signed by the employer.
3. ___ If you are paid in CASH, you will need a completed income verification form.
4. ___ Self-employed individuals must submit their quarterly tax business statement for two consecutive quarters.

NOTE: If gross income varies by more than \$50 per pay period, then you must provide 3 consecutive months of pay stubs.

UNEARNED INCOME VERIFICATION FOR ALL APPLYING HOUSEHOLD MEMBERS:

1. ___ You must submit verification of all unearned income. This would include, but not limited to Social Security, child support, unemployment Benefits, etc.

ABSENT PARENT INFORMATION:

1. ___ If the absent parent provides financial support; the applicant must submit a statement from the absent parent. If the absent parent is unemployed, then a statement must be submitted stating why they are unable to watch their child(ren) while you are working.

SHELTER VERIFICATION:

- 1 Shelter Verification Form (DSS-3668) or signed lease. Signed lease must list all household members.
- OR**
- 2 Two (2) Non-Relative Statement Forms (This form is for those who reside with a relative who is listed as the primary tenant.)

CHILD CARE PROVIDER FORM #536:

1. ___ All fields must be completed (including section 2). Both the parent and the provider are required to sign this form. Please note that we only pay for childcare while the parent is at work, assigned to a work program, or teen completing high school.

PARENT SHARE FORM (If you previously received child care subsidy:

1. ___ Completed, signed and dated by your previous provider.
2. ___ Form should indicate the status of your parent share payments.

HOUSEHOLD COMPOSITION / SCHOOL ATTENDANCE VERIFICATION (dss-3708):

1. ___ Please submit form LDSS-3708 for ALL SCHOOL AGED CHILDREN. (This form must be completed, signed and dated by school official)

PERMISSION FOR RELEASE OF INFORMATION: (This form is OPTIONAL)

1. ___ This form is for those who wish to allow Child Care Subsidy staff to speak with your provider or any other individual regarding your case.

PLEASE NOTE: If you require assistance with completing your application, please contact the Child Care Council of Westchester at 914-761-3456.

IMPORTANT: Please complete this entire form. Sign and submit it with your application and all supporting documentation.

Customer Signature _____ Date _____