

Please complete income information for yourself AND anyone applying with you. See instructions for documentation requirements.  
(This includes children in need of care, their parents, step-parent and any other children under the age of 18 in household.)

Section 5 OTHER INCOME EARNINGS		ITEM	GROSS INCOME	TYPE OF DOCUMENTATION	OFFICE USE MONTHLY CALCULATIONS
<b>APPLICANT:</b> Job earnings before deductions		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> other	\$		
<b>SPOUSE/OTHER PARENT:</b> Job earnings before deductions		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> other			
For all other income/benefits please itemize below. Include the amount for yourself AND your spouse AND child(ren) who live with you.				<b>FOR OFFICE USE ONLY</b>	<b>DOCUMENTATION CALCULATIONS</b>
Alimony and/or child support. (Received)		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> other			
Unemployment and/or worker's compensation		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> other			
Net income from self-employment and/or rental income.		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> other			
<b>BENEFITS:</b> Social Security, SSI, Disability, Retirement and/or Pensions & Annuities.		<input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> semi-monthly <input type="checkbox"/> other			
<b>OTHER INCOME/BENEFITS</b> (Check All That Apply):		<input type="checkbox"/> Cash or monetary assistance through the Temporary Assistance to Needy Families (TANF) program or Public Assistance (PA). <input type="checkbox"/> Housing voucher or cash assistance. <input type="checkbox"/> Food stamps. <input type="checkbox"/> Other federal cash income programs (such as SSI).			
<b>TOTAL INCOME:</b>			\$		

**Section 6 PROVIDER**

If your child is already in care, or you know the name of the program/provider where you plan to enroll your child, please list the provider name and address below. You may list a second choice.

Name: \_\_\_\_\_ **PROGRAM #** \_\_\_\_\_ Address: \_\_\_\_\_ **PROGRAM #** \_\_\_\_\_

Address: \_\_\_\_\_ **PROGRAM #** \_\_\_\_\_ Address: \_\_\_\_\_ **PROGRAM #** \_\_\_\_\_

Please check the types of care that you would consider if there are no available slots with the provider(s) you listed above or if you do not have a provider in mind:  Center Based Care  Head Start  Informal Care  Family Day Care

**Section 7 CITIZENSHIP**

Is/are the child/children for whom you are applying a U.S. citizen(s)?  YES  NO

If Yes, Parent/Guardian must sign and date to certify that the child/children in receipt of child care assistance/subsidy is/are a U.S. citizen(s).

If No, your eligibility must be determined at the Resource Area (R.A.), please make an appointment at your R.A. and bring the documentation listed in the instructions for this form.

PARENT/CARETAKER/WIFE/HUSBAND \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_

**Section 8 CERTIFICATION**

1. I understand that the information contained on this form will be used to determine my or my family's eligibility for services/subsidy and that the information will only be used for the purposes of determining child care eligibility.

2. The social security numbers (if provided) will not be released as they are confidential under federal law and can be released/used only for the purposes specified in federal law.

3. I agree to inform the agency immediately of any change in my income, living arrangement, household composition or address, where care is provided, who is providing child care, provider fees, hours for which child care is needed, and that New York State Law and Federal Law provides that any applicant may be investigated for fine or jail or both, for a person found guilty of obtaining child care assistance/subsidy by concealing information or providing false information.

4. I understand that this application is used only for the expressed purpose of child care subsidy. To obtain other assistance such as Food Stamps, Medicaid, Temporary Assistance, or other services, additional applications will be required.

5. I certify under the penalty of law that all the information I have supplied on this form is true and correct.

Please provide the signature of the parent/caretaker who is applying for child care assistance or the signature of an authorized representative.

X SIGNATURE PARENT/CARETAKER/WIFE/HUSBAND \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_

X SIGNATURE AUTHORIZED REPRESENTATIVE \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_

PRINT NAME \_\_\_\_\_ PRINT NAME \_\_\_\_\_

**Section 9 OFFICE ONLY**

Enrollment Application Completed by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ACS - Eligibility Approved by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent Fee: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Length of Eligibility: from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

I.S. - Verified by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

PRINT AND INITIAL \_\_\_\_\_ PRINT AND INITIAL \_\_\_\_\_

CODES: ♦RFC: \_\_\_\_\_ ♦PR: \_\_\_\_\_ ♦FS: \_\_\_\_\_