

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 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: <b>40</b>	Services Transaction Type: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert		Disposition: <input type="checkbox"/> Denial 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)		PHONE NUMBER ( ) -	
STREET ADDRESS		APT NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		APT NO.	CITY	STATE	ZIP CODE
FORMER ADDRESS				OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED	
What is your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
What is the primary language spoken in your home? <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.**

L N	FIRST Name	M. I.	LAST Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM/DD/YY)	SEX M/F	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) <i>Optional</i>	Enter Y (Yes) or N (No) if Hispanic or Latino						Does this child need child care? Y/N	FOR EACH CHILD in need of child care, answer Yes/No (Y/N)		
								H	I	A	B	P	W		Child is U.S. Citizen/National or Has Satisfactory Immigration Status?	Does child have a disability?	Do both parents reside in the home?
1				/ /		SELF							N/A	N/A	N/A	N/A	
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 the back or additional pages if you need more room or there is other information that you think we might need.

**SECTION 3. OTHER HOUSEHOLD INFORMATION**

<p><b>DO ANY OF THESE APPLY TO YOU?</b></p> <p><b>For each of the following, answer YES or NO:</b></p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care to <b>work</b> .
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care for <b>another reason</b> . Give reason:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Homeless</b> (no fixed, regular, and adequate place to stay at night).
	<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is on active duty (serving full-time) in the <b>U.S. Military</b> .
	<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is a member of a <b>National Guard or Military Reserve unit</b> .
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for <b>Public Assistance</b> through a different application.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for <b>other child care funding</b> . Agency Name:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Pregnant</b> . Due date? / /

**SECTION 4. LIST EVERYONE UNDER 21 WHOSE PARENT IS NOT IN THE HOUSEHOLD.**

NAME OF PERSON UNDER 21	ABSENT PARENT'S NAME AND ADDRESS	Absent Parent's Date of Birth (optional)	Absent Parent's Social Security Number (optional)
		/ /	
		/ /	
		/ /	

**SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION**

APPLICANT'S EMPLOYER'S NAME		WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S ADDRESS		CITY	STATE
		ZIP CODE	
# of HOURS PER WEEK:	GROSS INCOME: \$	Paid how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, specify	
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does the job require overtime (O/T)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Scheduled Days and Hours Worked (for example, Mon-Fri 8 a.m. – 4 p.m.):			

**SECTION 6. OTHER EMPLOYMENT INFORMATION. Use this section for an applicant's second job or a spouse's/other parent's job.**

Whose job information? <input type="checkbox"/> Applicant's job OR <input type="checkbox"/> Spouse's / other parent's job			
EMPLOYER'S NAME		WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S ADDRESS		CITY	STATE
		ZIP CODE	
# of HOURS PER WEEK:	GROSS INCOME: \$	Paid how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, specify	
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does the job require overtime (O/T)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Scheduled Days and Hours Worked (for example, Mon-Fri 8 a.m. – 4 p.m.):			

*You may use the back or 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 money from:	YES	NO	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)
Wages/Salary, including overtime, commissions, training programs, tips								
Net Self-Employment Income								
Child Support Payments (received)								
Alimony/Spousal Support (received)								
Unemployment Insurance Benefits, Workers' Comp								
Social Security Benefits (including SSI)								
Disability Benefits (NYS, VA, Private)								
Rental/Boarder/Lodger Income (received)								
Dividends/Interest - Stocks, Bonds, Savings								
Pensions/Annuities								
Public Assistance (PA) Grant, Safety Net Benefits								
Other (please specify)								

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

<b>DROP-OFF</b>	Travel time from the child care provider to work/activity?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>PICK-UP</b>	Travel time from work/activity to the child care provider?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION 9. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.**

**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** – I understand that by signing this application form I certify, under penalty of perjury, that all the children in need of Child Care Assistance are United States citizens or nationals or persons with satisfactory immigration status. I understand that this information about these children may be submitted to the Immigration and Naturalization Service for verification of immigration status, if applicable. I further understand that the use or disclosure of this information about these children is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of provisions of the Child Care Assistance program.

**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.

**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.

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

**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.

**SECTION 10. 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.

<b>APPLICANT'S/REPRESENTATIVES SIGNATURE</b>  X	<b>DATE SIGNED</b>  / /	<b>SECOND APPLICANT'S SIGNATURE</b>  X	<b>DATE SIGNED</b>  / /
<b>PRINT NAME:</b>		<b>PRINT NAME:</b>	

<p><b>RETURN YOUR APPLICATION TO: THE LOCAL DEPARTMENT OF SOCIAL SERVICES (DSS) OF THE COUNTY THAT YOU LIVE IN.</b></p>	
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**SECTION 11. IF YOU WANT TO WITHDRAW YOUR APPLICATION**

I CONSENT TO WITHDRAW MY APPLICATION FOR CHILD CARE ASSISTANCE. I understand I may reapply at any time.	<b>DATE SIGNED</b>  / /
SIGNATURE X _____	

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



## Qualifications for Registration

### 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.

## Important!

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](http://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.

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## 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.

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