



IMPORTANT

The following items need to be submitted to determine your eligibility for Day Care Assistance:

- 1) Mail in your completed and **signed application**, make sure to date the application.
- 2) Provide paystub wage verification, 8 pay stubs if you are paid weekly and 4 paystubs if you are paid bi-weekly. Also provide verification of other income such as unemployment benefits or Social Security.
- 3) Provide a completed Child Care payment questionnaire (Form B-3923).
- 4) Copy of your current support order if child support is being received and a completed Child Eligibility Review sheet (Form B-5517).
- 5) Provide verification of your address; Landlord Form (B-1231), copy of your photo ID and copies of birth certificates.



Erie County DSS Vision Statement

We envision a community where children, adults and families are healthy and safe and enjoy a quality life. As a responsive and efficient organization, we seek to continually engage the community in defining the role of Social Services.

Erie County DSS Mission Statement

To engage people in need and provide a broad range of efficient and effective assistance and services with community partners to facilitate a better future for the people of Erie County.



Erie County Department of Social Services
95 Franklin
Buffalo NY, 14202

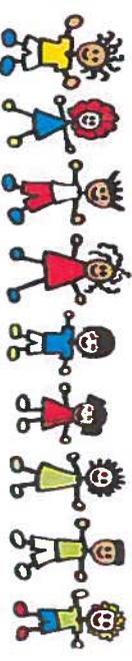
Mark Poloncarz
Erie County Executive

Carol Dankert-Maurer
Social Services Commissioner

Erie County

Child Care Subsidy

Program



Are You Working?

Do You Need
Child Care ?

**ERIE COUNTY DAY CARE UNIT
95 FRANKLIN ST ROOM 448
BUFFALO, NEW YORK 14202**

Mail in your completed and signed application.

Do not send original documents, only copies are required.

- **Picture ID** for yourself
- **Birth Certificates** for all applying members of your household
- **Social Security cards** for all applying members of your household (optional)
- **Verification of current address and household composition:**
 - Landlord form (B-1231) completed by the owner or agent, or current lease listing address and household composition **OR**
 - Collateral Verification Letter (B-3112) if property is owned by you or your relative. This form **MUST** be completed by a non-relative who does not reside in your household.
- **Verification child support and day care costs:**
 - Copy of current court order if child support/day care costs are being received.
 - Statement signed by you regarding the amount and frequency of child support currently received
 - Statement signed by you stating the other parent's availability to watch the child and if unavailable the reason.
- **Wage Verification:**
 - 1) Consecutive paystubs for last 4 to 12 weeks **OR**
 - 2) if newly employed, (less than 4 weeks of paystubs), letter from your employer, on letterhead, stating start date, rate of pay, days and hours working and all paystubs received to date

Name, address and phone # of your employer.
- **Other Income** – Verification of Social Security, unemployment or any other income received by household members.
- **Child Care Provider information** – if you need assistance finding a day care provider, you can call the Child Care Resource Network at 877-6666 or log on to <http://www.ocfs.state.ny.us/main/childcare/default.asp> – child care facility search.
- **Child Care Questionnaire** complete B-3923 form (enclosed) with your Child Care Provider. Remember to fill in your work schedule and children's school schedule on the B-3923 form. Provider and client must sign this form.

CURRENT INCOME ELIGIBILITY STANDARDS

These are the income standards that are used to determine eligibility and calculate the fee for Child Care Services effective June 1, 2014

FAMILY SIZE	100% ANNUAL	100 % MONTHLY	200% ANNUAL	200% MONTHLY
1	\$11,670	\$973	\$23,340	\$1,945
2	\$15,730	\$1311	\$31,460	\$2,622
3	\$19,790	\$1649	\$39,580	\$3,298
4	\$23,850	\$1988	\$47,700	\$3,975
5	\$27,910	\$2326	\$55,820	\$4,652
6	\$31,970	\$2664	\$63,940	\$5,328
7	\$36,030	\$3003	\$72,060	\$6,005
8	\$40,090	\$3341	\$80,180	\$6,682
Each Additional member	\$4,060	\$339	\$8,120	\$677

The Day Care fee is based on the amount of the family's income that exceeds the current Income Eligibility Standard (100%). There is one basic fee for a family regardless of the number of children receiving day care services. The parent must pay the fee directly to the provider.

FORMULA USED TO DETERMINE FEE:

Annual Gross Income minus (-) State Income Standard times (x) 35% = Weekly Fee ÷ 52 (weeks)
Every case will pay a fee of at least \$1.00 per week.

NOTE: Families with a gross income of over 200% of standard are ineligible for Day Care Assistance.

Erie County Child Care Subsidy Program

Child care subsidies are available for working families that meet program and income eligibility guidelines

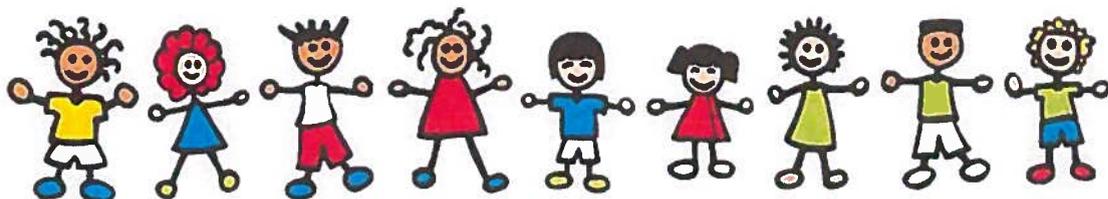
- ✓ ARE YOU WORKING?
 - ✓ IS YOUR INCOME LEVEL WITHIN THE GUIDELINES?
 - ✓ DO YOU CURRENTLY HAVE DAYCARE IN PLACE?
- OR
- DO YOU NEED HELP FINDING DAYCARE?

IF YOU HAVE ANSWERED YES TO THESE QUESTIONS,
YOU MAY BE ELIGIBLE TO RECEIVE SUBSIDIZED CHILD CARE ASSISTANCE

200% of Federal Poverty Guidelines Chart
June 1, 2014 through May 31, 2015

Family Size	Monthly Income	Annual Income
1	\$1,945	\$23,340
2	\$2,622	\$31,460
3	\$3,298	\$39,580
4	\$3,975	\$47,700
5	\$4,652	\$55,820
6	\$5,328	\$63,940
7	\$6,005	\$72,060
8	\$6,682	\$80,180

FOR MORE INFORMATION CALL ERIE COUNTY DAY CARE UNIT AT 858-8953



IMPORTANT NOTICE

IT IS NECESSARY THAT THE APPLICATION (ECDSS-5163) IS COMPLETED, AND THAT ALL PAPERWORK REQUESTED IS SUBMITTED.

INCOMPLETE APPLICATIONS AND VERIFICATION MATERIALS WILL BE RETURNED TO YOU AND WILL DELAY THE PROCESSING OF YOUR DAY CARE REQUEST.

WE THANK YOU FOR YOUR COOPERATION.

ERIE COUNTY DAY CARE UNIT*

HOW TO COMPLETE THE APPLICATION FOR CHILD CARE ASSISTANCE AND IMPORTANT INFORMATION

Applying Only for Child Care Assistance

If you are only applying for Child Care Assistance, you can use this shorter application. If you want to apply for other benefits such as Temporary Assistance, Food Stamps, Home Energy Assistance, Medicaid or other services, please ask for a different application. *This application can only be used to apply for Child Care Assistance.*

When You Are Applying For Child Care Assistance

- You can file an application the same day you receive it. If you are eligible, benefits will 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, at a minimum, it contains your name, address, and a signature. However, the application must be completed for us to determine your eligibility.

How to Complete the Application For Child Care Assistance

- Please PRINT clearly in blue or black ink.
- Do NOT print in the shaded areas.
- Be sure to complete each section.
- If you are applying as someone's representative, please print information about that person not yourself.

SECTION 1: APPLICANT INFORMATION

- Please PRINT your legal name including your first name, middle initial and last name; home telephone number, and the full address where you live.
- MAILING ADDRESS: PRINT your mailing address if it is different from your residence.
- FORMER ADDRESS: If you have moved in the last year, enter your previous address.
- OTHER PHONE NUMBERS: Enter other phone numbers where you can be reached.

SECTION 2: HOUSEHOLD MEMBERS INFORMATION

- LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.
- PRINT your full name first. Then PRINT the names of the other people who live with you.
- PRINT the date of birth and sex for each person applying. Those considered applying are the child (or children) in need of care, their parents (including a stepparent) and siblings under 18 who are in the household.
- 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 and fraud and for federal reporting. Check (✓) Yes or No to tell us which child is in need of Child Care Assistance.
- For each person in the household, PRINT how they are related to you (e.g., wife, son, friend, etc.).
- Check (✓) Yes or No to indicate if each person applying is Hispanic or Latino or not.
- Enter Y (Yes) or N (No) for each of the race/ethnic codes. Race/Ethnic codes: I - Native American or Alaskan Native, A - Asian, B - Black or African American, P - Native Hawaiian or Pacific Islander, W - White *Note: This information is required by the Federal government, but is for statistical purposes only. If you do not fill out this section, an interviewer in the agency may fill it out based on observation.*
- List any aliases or maiden names of you or anyone in your household

SECTION 3: OTHER PROGRAMS

- Answer all the questions in this section.

SECTION 4: HOUSEHOLD MEMBERS UNDER 21 AND ABSENT PARENTS

- For anyone in the household under the age of 21, you must list the individual's name and the absent parent's name and address.

SECTION 5: EMPLOYMENT INFORMATION

- Complete this section on why you need care, the start date of your job, the number of hours per week that you will work, pay rate - how will you be paid (hourly, weekly, bi-weekly, monthly etc.), and your gross pay (the amount of your pay check before anything, such as, taxes is taken out).

SECTION 6: OTHER INCOME

- In this section, indicate if anyone applying is receiving income. For any 'Yes' answers, list the gross amount of income for the period, which it is, received. (e.g., week, bi-weekly, semi-monthly, monthly) and who receives it.

SECTION 7: LEGAL STATEMENTS

- Read this section carefully or have someone read it to you. You must complete and sign this written certification of citizenship for the children in need of Child Care Assistance.

SECTION 8: SIGNATURES

- Sign your name. If you have filled out the application for someone else, sign your name. Date the application. If your spouse lives with you, both of you must sign the application.

SECTION 9: ADDITIONAL INFORMATION

- Use this section to let us know additional information that you think we might need to know.

SECTION 10: CONSENT TO WITHDRAW

- If you decide you no longer wish to apply for Child Care Assistance, sign your name and enter date. You may reapply at any time.

In addition to the *Child Care Services Application*, 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.

READ AND COMPLETE THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM

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PENALTIES - Your application may be investigated. By signing this agreement you are consenting to cooperate in such investigation. Federal and State laws provide for penalties of fine, imprisonment or both if you do not tell the truth when you apply for Child Care Assistance, at any time 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 and such Child Care Assistance must be used for the other person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

CHANGES - 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 promptly 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 - I understand that by signing this application form, I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for Child Care Assistance. If additional information is requested, I will provide it.

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

CERTIFICATION OF CITIZENSHIP/ALIEN STATUS FOR CHILD CARE ASSISTANCE - I hereby certify, under penalty of perjury, that all the children in need of Child Care Assistance _____

(List the names of all the child(ren) that are in need of child care assistance)

are United States (U.S.) 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 (INS) 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.

Signature _____ Date _____

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.

APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED	HUSBAND/WIFE SIGNATURE	DATE SIGNED



Please return to the address below:

Erie County Day Care Unit

95 Franklin St.

Buffalo, NY 14202

716-858-8953

Use this area for additional information:

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I CONSENT TO WITHDRAW MY APPLICATION. I understand I may reapply at any time.

SIGNATURE _____

10

DATE _____

For Agency Use Only

Eligibility Determined by _____

Date _____

Eligibility Approved by _____

Date _____

Child Care Authorization Period: From _____

To _____

Comments:

ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES
95 FRANKLIN STREET – BUFFALO, NEW YORK 14202

CHILD CARE – PAYMENT QUESTIONNAIRE

CLIENT NAME _____ CASE # _____

ADDRESS _____

I M P O R T A N T

- ❖ You and your child care provider must complete and sign this Questionnaire.
- ❖ A separate Questionnaire must be completed for each child care provider.
- ❖ A new Questionnaire must be completed and included with each Recertification.
- ❖ A new Questionnaire must be completed if you change child care providers.
- ❖ A new Questionnaire must be completed if your hours of employment change.
- ❖ A new Questionnaire must be completed if your household composition changes.
- ❖ A new Questionnaire must be completed if the cost of your child care changes.

TO BE COMPLETED BY CENTER/PROVIDER

PROVIDER NAME _____ SS # / TAX ID # _____

Facility Name _____ VENDOR # _____

ADDRESS _____ LICENSE # _____

_____ PHONE # _____

Are you in receipt of Financial Assistance? YES NO

If YES, enter your Case # _____

PROVIDER'S SIGNATURE _____ DATE _____

RETURN TO:

CASEWORKER/EXAMINER _____ UNIT / WORKER # _____

PHONE # 858- _____

I. PARENT: COMPLETE PLACE OF EMPLOYMENT/TRAINING: _____
COMPLETE DAILY WORK/TRAINING SCHEDULE (e.g. 9am-5pm)

S	M	T	W	TH	F	SAT.

II. PROVIDER: COMPLETE FOR EACH CHILD IN CARE

	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
Child's Name					
Child's DOB					
Child's school schedule (e.g. 9:00 am - 3:00 pm)					
Date child started in care					
Hours in care per day					
Circle days in care per week	M T W Th F S Su				
Hourly cost of day care					
Daily cost of day care					
Weekly cost of day care					

III ENTER A (✓) TO INDICATE THE CURRENT CHILD CARE ARRANGEMENT FOR EACH CHILD

PAYMENT TYPE	FULL TIME	PART TIME	CURRENT CHILD CARE ARRANGEMENT	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
	37	38	Day Care Center					
	34	36	Group Family Day Care Provider					
	32	33	Family Day Care Provider					
	R8	R6	School Age Child Care Program					
	R0	R1	Watched in Your Home by a Relative					
	30	31	Watched in Your Home by a Non-Relative					
	R2	R3	Watched in a Relative's Home					
	R4	R5	Watched in a Non-Relative's Home					

NOTE: Payments will be based on the actual number of hours employed, plus a reasonable travel time allowance.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

CLIENT'S SIGNATURE _____ DATE _____ PROVIDER'S SIGNATURE _____ DATE _____

PARENT AGREEMENT

In order to receive a child care payment authorized through the DAY CARE UNIT, the parent and the provider **MUST** have an Approval Letter (**ECDSS-4976 or ECDSS-4979**) issued by the Day Care Unit. This letter is a guarantee of payment for child care services provided and specifies:

- The **time period** child care is authorized
- The **days and hours** authorized for each child
- The **parent share** you are responsible to pay directly to your provider.

An approval letter is issued when you are determined to be eligible for child care assistance at:

- ◆ Certification – new case
- ◆ Recertification – your six-month case authorization period has expired.
- ◆ **Any change**, including, but not limited to changes in:
 - **Employment**
 - **Child Support**
 - **Days and hours of care**
 - **Provider**

Child care payments are only guaranteed for the PAYMENT PERIOD specified on the approval letter. It is your responsibility to pay for any day care provided beyond the payment period ending date.

I UNDERSTAND IT IS MY RESPONSIBILITY TO NOTIFY THE DAY CARE UNIT IN WRITING IMMEDIATELY OF ANY CHANGE IN CIRCUMSTANCES which may affect my eligibility for child care services, including: EMPLOYMENT, SCHOOL, ADDRESS, AND HOUSEHOLD COMPOSITION.

* I understand I must submit my paystubs as requested.

* I understand I must notify the Day Care Unit in writing IMMEDIATELY and verify the last date I worked if my employment changes or ends.

* I understand I must submit an employer's statement on letterhead verifying my start date, rate of pay, and work schedule if/when I obtain any new employment.

*I understand I must pay a weekly parent share to my provider.

DATE

CLIENT SIGNATURE

DATE

WORKER SIGNATURE

ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES

Division of Financial Assistance
158 Pearl Street, Buffalo, New York 14202

OFFICE USE ONLY

DATE SENT: RETURN BY:
DATE STATEMENT RECEIVED EXAMINER TEAM
INFORMATION VERIFIED PER T.C. TO LL: [] YES [] NO
PER ERIE COUNTY TAX RECORDS [] YES [] NO
CASE NAME
CURRENT ADDRESS CAT/CASE NO.

LANDLORD STATEMENT

LANDLORD: PLEASE COMPLETE ENTIRE FORM IN INK AND SIGN BELOW:

TENANT'S NAME
ADDRESS RENTED

No. Street Apt. No. City State Zip Code

AMOUNT OF RENT CHARGED \$ Per [] Month [] Week [] Twice Monthly
DATE RENT PAID UP TO
DATE TENANT MOVED IN

DOES TENANT RECEIVE RENTAL ASSISTANCE FROM SEC. 8, HUD, ETC? [] NO [] YES AMT. OF ASSISTANCE \$

APARTMENT LOCATION: NUMBER OF APARTMENTS AT THIS ADDRESS

(Upper/Lower, Front/Rear)

RENT INCLUDES:

AT THIS ADDRESS:

- HEAT [] YES [] NO
ELECTRIC [] YES [] NO
WATER [] YES [] NO
KITCHEN STOVE [] YES [] NO**
REFRIGERATOR [] YES [] NO**
FURNITURE [] YES [] NO**
COOKING FACILITIES [] YES [] NO
MEALS [] YES [] NO
1. TYPE OF HEATING FUEL:
2. HOW MANY METERS? GAS ELECTRIC
3. HOW MANY FURNACES?
4. DOES THIS TENANT HAVE A FURNACE/SPACE HEATER THAT HEATS ONLY THIS APARTMENT? [] YES [] NO
5. IS THIS FURNACE/SPACE HEATER PROVIDED BY LANDLORD? [] YES [] NO
6. IF MEALS ARE INCLUDED IN RENT, HOW MANY MEALS ARE PROVIDED EACH DAY?

PLEASE LIST ALL PERSONS IN THE APARTMENT:

Blank lines for listing persons in the apartment.

ARE YOU RELATED TO ANY PERSON IN THE APARTMENT? [] YES [] NO

IF YES, DESCRIBE RELATIONSHIP:

THE UNDERSIGNED CERTIFIES THAT HE/SHE IS THE [] OWNER [] AGENT OF THE SPECIFIED PROPERTY AND THAT T THE BEST OF HIS/HER KNOWLEDGE, HE/SHE HAS ANSWERED ALL OF THE QUESTIONS TRUTHFULLY. THANK YOU FC YOUR COOPERATION.

Signature of Landlord Date
Name of Landlord (Print) Daytime Telephone No.
Address Vendor ID #
Signature of Tenant Date
Telephone No.

* SEE REVERSE SIDE*

LANDLORD MUST SIGN WATER AGREEMENT IF WATER IS NOT INCLUDED IN THE RENT

NOTICE TO RENTERS OF UNFURNISHED APARTMENTS

You are free to select the residence of your choice. However, money to buy furnishings is given only in exceptional circumstances. If you cannot live in an apartment unless the agency provides extra money to buy a stove, refrigerator or furniture, ask your Examiner if you qualify for these benefits before you rent the apartment.

WATER AGREEMENT

New York State Regulations do not permit Erie County to pay the "sewer" portion of the water bill. In situations, payment of the "sewer" portion of the bill will be the responsibility of the tenant and/or the landlord.

WATER ALLOWANCES CAN ONLY BE GIVEN TO RECIPIENTS WHO ARE BILLED DIRECTLY BY THE WATER COMPANY. (NYCRR 300.6, DEPARTMENT REG. 352.3 (b) AND 84-ADM 42). However, since the City of Buffalo sends its water bills to "occupant", New York State Department of Social Services has granted a waiver to the regulations which allows Erie County to give water allowances to recipients when the bill is addressed to "occupant", IF AND ONLY IF, the client pays his or her water bills directly to the Water Company AND the landlord agrees to the following terms:

1. THE LANDLORD AGREES to take responsibility for any water bills incurred prior to this tenant's date of occupancy.
2. THE LANDLORD AGREES to make payments or arrangements on any outstanding balance due as long as the Public Assistance recipient's share has been identified, in threatened or actual shut-off situations. This payment or arrangement must be made before Erie County can make payment on the recipient's share. This payment/arrangement, by the landlord, may include bills incurred prior to the tenant's occupancy, and bills incurred by other tenants (in a multi-dwelling) who have not paid their share of the water bill.

The undersigned certifies that he or she, as the owner or agent of the specified property, agrees to the above terms.

Date _____

Owner/Agent

CHILD SUPPORT VERIFICATION
PLEASE COMPLETE ONE FORM FOR EACH CHILD IN FULL
(NUMBERS 1-5 MUST BE COMPLETED)

1. Client: _____ Case No: _____

Address: _____ Worker: _____

2. Child Name/DOB: _____

Absent Parent of Child: _____

Address: _____

3. I do receive child support from the above absent parent in the amount of \$ _____
(frequency: check one) weekly, _____ bi-weekly, _____ monthly _____.

I do not receive child support from the above absent parent for the following reason:

4. The above absent parent **is available** to watch (babysit) his/her child while the parent is working/attending high school or GED program.

The above absent parent **is not available** to watch (babysit) his/her child while parent is working/attending high school or GED program **for the following reason(s):**

5. Signed by Client: _____

(Date)

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PLEASE COMPLETE ONE FORM FOR EACH CHILD IN FULL
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The above absent parent **is not available** to watch (babysit) his/her child while parent is working/attending high school or GED program **for the following reason(s):**

5. Signed by Client: _____

(Date)