

**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.

## 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.

## **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.

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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.

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***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
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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:**

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

**AT THIS ADDRESS:**

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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 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 if 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 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)