

New Jersey Cares for Kids

Child Care Subsidy Program

Questions?

Call 908-454-1078

- Attached is your Eligibility Application for the New Jersey Cares for Kids Child Care Subsidy Program. New Jersey Cares for Kids helps working families meet the cost of child care.
- **The eligibility requirements of the NJCK Program are as follows:**
 - ✓ Must be a **WARREN** County resident
 - ✓ Must be employed full time (at least 30 hours per week) OR
 - ✓ Attend school full time (12 credits or at least 20 hours a week) OR
 - ✓ Work part time AND go to school/training part time
 - ✓ Must meet income eligibility guidelines

BE SURE TO INCLUDE THE FOLLOWING:

- Pay stubs from your 4 most **RECENT** and **CONSECUTIVE** weeks of employment **AND/OR** school or training official registration letter. If school or training we also need a copy of your schedule.
- Documentation of additional income, including child support, SSI, additional employment, unemployment, an/or disability benefits, etc.
- Copy of each child's birth certificate and social security card
- Proof of Food Stamps AND Housing assistance, if you receive it
- Do not forget to include co-applicant (co-applicant must meet same eligibility guidelines)
- Copy of photo ID (Drivers License) & EBT (Food Stamp) Card (if applicable)

INCOMPLETE APPLICATIONS WILL REMAIN PENDING UNTIL THEY ARE COMPLETED AND WE RECEIVE ALL DOCUMENTATION THAT IS REQUESTED.

**If you need help finding child care, please call our office to speak to our Resource and Referral Specialist.*

The rules of the NEW JERSEY CARES FOR KIDS program are subject to change without notice.

NJ CHILD CARE SUBSIDY PROGRAM

Documentation Checklist

Below is a **general list** of required documents for each section of the Child Care Subsidy Program Application that must be submitted for **initial** eligibility consideration. Additional documents may also be required based on program requirements. Please contact and check with the Child Care Resource and Referral Agency (CCR&R) if you have questions or need assistance. You can reach your local CCR&R at 1-800-332-9227 or by visiting www.ChildCareNJ.gov.

IDENTIFICATION

For each applicant/co-applicant, **submit one** of the documents from **Column A**. If you are unable to provide from **Column A**, you may **submit two** documents from **Column B**:

COLUMN A (PRIMARY DOCUMENTATION) Submit one:

- ☐ Driver's License
- ☐ Government Issued Photo ID Card
- ☐ Military Photo ID Card
- ☐ Employer Issued Photo ID
- ☐ School Photo ID
- ☐ Passport
- ☐ Permanent Resident Card (Green Card)

OR

COLUMN B (SECONDARY DOCUMENTATION) Submit two:

- ☐ High School Diploma, GED, or College Diploma
- ☐ Health Insurance Card or Prescription Card
- ☐ Printed Paystub
- ☐ Birth Certificate (applicant/co-applicant or child's)
- ☐ Social Security Card

ADDRESS

For any applicant/co-applicant, **submit one** of the following to verify residence*:

- ☐ Current Rental/Lease Agreement or Mortgage Bill
- ☐ Court decree (if applicable)
- ☐ School records showing residence
- ☐ Custody Agreement or other court documents for guardianship
- ☐ Home utility bills
- ☐ Medical documentation
- ☐ Vehicle Registration or Title or NJ Driver's License
- ☐ Most recent filed tax forms showing dependency
(For dependents 18+, must provide filed IRS 1040 Form)

**If you or your child are homeless and do not have a fixed address, please contact your CCR&R for assistance.*

RELATIONSHIP AND HOUSEHOLD SIZE

For **any child in need of child care services**, submit the following to prove relationship:

- ☐ Child's Birth Certificate
- ☐ Court decree (if applicable)
- ☐ Custody Agreement or other court documents for guardianship (if applicable)

For each **dependent residing in the home** and included in the family size, **submit one** of the following to verify family size:

- ☐ Birth Certificate
- ☐ Court decree (if applicable)
- ☐ Custody Agreement or other court documents for guardianship (if applicable)
- ☐ Most recent filed tax forms showing dependency
(For dependents 18+, must provide filed IRS 1040 Form)

NJ CHILD CARE SUBSIDY PROGRAM

Documentation Checklist Continued

CHILD CITIZENSHIP STATUS

For any child in need of care, **submit one** of the following:

- | | |
|---|--|
| <input type="checkbox"/> U.S. Birth Certificate | <input type="checkbox"/> Permanent Resident Card (Green Card) |
| <input type="checkbox"/> Certificate of Citizenship | <input type="checkbox"/> USCIS Form I-551 (Alien Registration Card) |
| <input type="checkbox"/> U.S. Passport or Passport Card | <input type="checkbox"/> Refugee Travel Document (Form I-571) |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> USCIS/INS Form I-94 stamped "Refugee", "Parolee", "Asylee", or "Notice of Action" |

INCOME

INCOME FROM EMPLOYMENT:

- ☐ Must provide current one month's worth of current pay stubs (e.g. 4 weekly, 2 biweekly, etc.)

NEW EMPLOYMENT ONLY: If paystubs are not available

- ☐ Employer letter on company letterhead (signed/dated) Must include rate of pay, hours worked per week, employer contact information, and first date of employment; or
- ☐ DFD "Verification of Employment" Form
If approved for subsidy, applicant/co-applicant will be required to follow up with pay stubs.

- ☐ **SELF-EMPLOYED ONLY:** Submit Current IRS Tax Transcript of Form 1040 Schedule C, "Profit or Loss from Business"

- ☐ **UNABLE TO WORK or INCAPACITATED:** DFD "Parent Incapacitation Verification" Form

OTHER INCOME OR BENEFITS TO FAMILY UNIT:

Documentation must show the rate and frequency of the income received from the sources below:

- ☐ Unemployment documentation
- ☐ Pension documentation
- ☐ Worker's Compensation
- ☐ Social Security award letter
- ☐ Retirement/Pension
- ☐ Spousal Support/Alimony
- ☐ Veterans/Military Benefits
- ☐ Disability Benefits
- ☐ Child Support – minimum of 6 months of Payment/Disbursement History
(Note: If child support or alimony is not court ordered, write the amount you receive monthly in Section C of the application)
- ☐ Any other income required for federal/state tax reporting purposes

SCHOOL/TRAINING

For each applicant/co-applicant, **submit one** of the following:

- ☐ **SCHOOL:** Detailed school schedule naming the school and the student, including days and hours attending, credits, start and end date
- ☐ **TRAINING PROGRAM:** Letter on Program letterhead (signed/dated) indicating name of program, start and end date and weekly schedule

DFD 10-17



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES



Applicant Instructions for Completing the Child Care Eligibility Form

The following instructions are keyed to the various sections of this form. Please read carefully.

► INSTRUCTIONS FOR COMPLETING SECTION A

1. Enter your full name (last, first, middle initial), social security number and date of birth (month/date/year). Check one or more of the appropriate boxes provided to indicate your race. Check the appropriate box to indicate your ethnicity and sex. Check the appropriate box to indicate the relationship of the parent/applicant to the child(ren) for which you are making an application for assistance. If you are not an immediate relative (mother/father), please indicate whether you are another legally responsible person, a foster parent or other. If other, please specify.
2. If applicable (resides in household), enter the full name of your spouse or co-applicant, social security number and date of birth (month/date/year). Check the appropriate boxes provided to indicate the race, ethnicity and sex of the co-applicant/spouse.
3. Enter your home address and county in which you reside. Enter the school district which the child(ren) attends.
4. Enter your home telephone number.
5. Enter the "family size" meaning the number of adults (persons 18 years or older who are legally responsible for the children) and dependent adults (persons 18 years or older) who are in your immediate family unit, and the number of dependent children (persons under age 18).

Examples: In a single parent family with two children state: "# of Adults: 1, # of Children: 2."

In a two parent family with a dependent adult (grandparent) and two children state: "# of Adults: 3, # of Children: 2."

Note: If as a single parent, you and your child(ren) live with your mother and father, you would **NOT** include the grandparents in the family size.

► INSTRUCTIONS FOR COMPLETING SECTION B

Provide Income Information Based on the Current Year. Fill In All Blanks. List Gross Figures Unless Otherwise Indicated. If You Receive None in a Certain Category, Write "0."

For each adult (applicant co-applicant or other dependent adult) residing in the household unit, list all current income information. Columns are provided to enter income information either by week, every two weeks, month or year. For separated or divorced spouses, include only that income (i.e., child support or alimony) which is available to the custodial family.

1. List all gross income due to wages and salary.
2. List all benefit income received from pensions and retirement.
3. List all benefit income received from Supplemental Security Income (SSI).
4. List all benefit income received from unemployment and workmen's compensation.
5. List all benefit income received from public assistance (TANF).

6. List income received from an absent parent for child support or alimony.
7. Include any other income received which is required to be listed for federal and state tax reporting purposes.
8. Indicate the annual total of all sources of income.

► INSTRUCTIONS FOR COMPLETING SECTION C

Provide Information of Current Work, School and/or Training Activity for Applicant and Co-Applicant (if applicable).

1. Enter the name, complete address and telephone number of Primary Work/School/Training Site.
2. Check the appropriate box to indicate if activity is work, school or training.
3. Enter your starting date (month/date/year).
4. Check the appropriate box to indicate if Work/School/Training activity is full time, part time or seasonal. Enter the number of hours per week and months per year spent at site.
5. Include the information for your Secondary Work/School/Training activity (if applicable).

► INSTRUCTIONS FOR COMPLETING SECTION D

Questions 1-9. Check the appropriate box (either "Yes" or "No") for each question. If you answer "Yes" to any of questions 2-5, provide the requested information.

Questions 10. Check the appropriate box to indicate if you are applying for assistance because you are ineligible for the TANF or TCC programs.

Questions 11. Check whether you understand you are applying for voucher or contracted child care services.

Questions 12. Check whether all of the children in your family have health insurance and if you wish to receive an application for NJ Family Care.

► INSTRUCTIONS FOR COMPLETING SECTION E

1-2. Enter full name (last, first, middle initial), social security number and date of birth (month/date/year) for each child for whom assistance is requested. Check the appropriate boxes provided to indicate race, ethnicity and sex of child(ren). Indicate the hours, days and duration for which child care is needed. Check the appropriate box to indicate if the child(ren) has a special need, if yes, state the need. Check the appropriate box to indicate if the child is a US citizen. If yes, attach a copy of the child's birth certificate and social security card. Proof of the child's citizenship is not required for Abbott, Child Protective Services, Kinship or Post-Adoption subsidies.

► INSTRUCTIONS FOR COMPLETING SECTION F

After reading the certification, applicant and co-applicant (if applicable) sign on the appropriate line and include the date.

Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Norwescap-Child and Family Resource Services

350 Marshall Street

Phillipsburg, NJ 08865

(908)454-1078

www.norwescap.org

A Applicant/Co-ApPLICANT Information

Please Read Instructions, Print Clearly, Answer All Questions

1. PARENT/APPLICANT NAME			SOCIAL SECURITY NO.	DATE OF BIRTH
(Last)	(First)	(M.I.)	(9 Digit Number)	(Mo./Dy./Yr.)
<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>				
RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White				
ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Relationship of APPLICANT to children: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legally Responsible Adult <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____				

2. PARENT/CO-APPLICANT NAME (If Applicable)			SOCIAL SECURITY NO.	DATE OF BIRTH
(Last)	(First)	(M.I.)	(9 Digit Number)	(Mo./Dy./Yr.)
The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.				
RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White				
ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female				

3. HOME ADDRESS (Number and Street) _____
 City: _____ State: _____ Zip Code: _____
 County: _____ School District: _____

4. HOME TELEPHONE: _____

5. NUMBER OF ADULTS IN FAMILY: _____ NUMBER OF CHILDREN IN FAMILY: _____ TOTAL FAMILY SIZE: _____

Family size includes parent, spouse, children for whom subsidy is requested, other dependent children, or adults claimed on applicant's or co-applicant's IRS 1040. In cases of kinship, family size includes the child for whom subsidy is requested and all dependents claimed on the grandparent's, aunt's or relative's IRS 1040. For DYFS cases, a child and any of his/her siblings living in the same home and who are in DYFS-paid out of home placement shall be counted to determine the size of the family.

B Family Income Information

Attach Original Proof of Income - Most Recent Four Consecutive Weeks
Information is not required for DYFS-paid caregivers. Payments for DYFS children in out of home placement does not count as income.

For each source, enter income information either by week, bi-weekly, month or year. Include child support and/or alimony.	PARENT/CO-APPLICANT List gross income for current:				PARENT/CO-APPLICANT List gross income for current:			
	WEEK	2 WEEKS	MONTH	YEAR	WEEK	2 WEEKS	MONTH	YEAR
1. Wages and Salary (gross):								
2. Pensions, Retirement:								
3. Supplemental/Social Security Benefits:								
4. Unemployment, Workmen's Compensation:								
5. TANF Cash Assistance:								
6. Child Support/Alimony:								
7. Other: _____								
8. TOTAL GROSS INCOME:								

C Work/School/Training Information

Proof of Current School Registration Must Be Attached

<p>Name of PRIMARY Work/School/Training Site:</p> <p>Complete Address (Street, City, State, & Zip):</p> <p><i>(If applicable, enter "Self-Employed")</i></p> <p>Telephone Number: () _____</p> <p>Check One: Enter Starting Date (Mo/Dy/Yr):</p> <p>Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training</p>	<p style="text-align: center;">PARENT/CO-APPLICANT</p> <p><input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training</p> <p>Start Date _____/_____/_____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk</p> <p><input type="checkbox"/> Seasonal Employment _____ # Mos/Yr</p>	<p style="text-align: center;">PARENT/CO-APPLICANT</p> <p><input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training</p> <p>Start Date _____/_____/_____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk</p> <p><input type="checkbox"/> Seasonal Employment _____ # Mos/Yr</p>
<p>Name of SECONDARY Work/School/Training Site:</p> <p>Complete Address (Street, City, State, & Zip):</p> <p>Telephone Number: () _____</p> <p>Check One: Enter Starting Date (Mo/Dy/Yr):</p> <p>Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training</p>	<p><input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training</p> <p>Start Date _____/_____/_____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk</p> <p><input type="checkbox"/> Seasonal Employment _____ # Mos/Yr</p>	<p><input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training</p> <p>Start Date _____/_____/_____</p> <p><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____ # Hrs/Wk</p> <p><input type="checkbox"/> Seasonal Employment _____ # Mos/Yr</p>

*** Incomplete Applications Will Not Be Accepted ***

DHS/CC:1 (12/2008)

D YES NO**All Questions Must Be Answered. Incomplete Applications Will Not Be Accepted.
Supporting Documents Must Be Attached For Verification**

- ☐ ☐ 1. Are you currently participating in the Food Stamp Program?
- ☐ ☐ 2. Are you currently receiving/have you received assistance for child care with a Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) grant through the Work First New Jersey (WFNJ) Program within the last two years? If yes, indicate when benefits do/did expire by entering Month, Day and Year ____/____/____ and TANF case number: _____
- ☐ ☐ 3. Is your family an active case with the Division of Youth and Family Services (DYFS) and are the children for whom you are requesting subsidy residing with you? If yes, please give the name of the office: _____
- ☐ ☐ 4. Are you currently receiving a TANF grant? If yes, please indicate the TANF case number: _____
- ☐ ☐ 5. Do you or a member of your family have a chronic medical problem for which child care is recommended as part of a treatment/rehabilitation plan? If yes, indicate the name of the individual/agency authorizing the treatment plan and telephone number:
Agency Name: _____ Telephone #: () _____
- ☐ ☐ 6. Are you the head of the household in which you reside?
- ☐ ☐ 7. Are you currently homeless or at risk of becoming homeless?
- ☐ ☐ 8. Are the children for whom you are requesting child care assistance in a DYFS foster home, DYFS para-foster home, or DYFS pre-adoptive home. **If you are employed or participating in a school or training program, proof must be attached for DYFS purposes.**
- ☐ ☐ 9. Do you receive any cash or voucher assistance to specifically pay for housing?
- ☐ ☐ 10. Are you requesting assistance because the County Welfare Agency/Board of Social Services (CWA/BSS) informed you that you are ineligible for the Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) Program?
11. I understand that I am applying to the agency for: ☐ **VOUCHER** payment assistance ☐ **CONTRACTED** services in a community-based center
12. Do all of the children in this family have health insurance benefits? ☐ Yes ☐ No
If NO, do you wish to receive an application for NJ Family Care? ☐ Yes ☐ No

E**Children
Information****Include Each Child Needing Child Care Service and for Whom Assistance Requested.
Use Addendum Form to Provide Information for Additional Children.****FULL NAME OF CHILD NO. 1****SOCIAL SECURITY NO.****DATE OF BIRTH**

(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No **SEX:** ☐ Male ☐ Female

Indicate the hour/days/duration for which child care is needed: _____

Child has a special need: ☐ No ☐ Yes **If yes, state special need and attach verification:** _____

Child is a US citizen or a qualified alien? ☐ No ☐ Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): ☐ Denied ☐ Approved ☐ Waiting List ☐ Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____

Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

FULL NAME OF CHILD NO. 2**SOCIAL SECURITY NO.****DATE OF BIRTH**

(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No **SEX:** ☐ Male ☐ Female

Indicate the hour/days/duration for which child care is needed: _____

Child has a special need: ☐ No ☐ Yes **If yes, state special need and attach verification:** _____

Child is a US citizen or a qualified alien? ☐ No ☐ Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): ☐ Denied ☐ Approved ☐ Waiting List ☐ Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____

Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

FULL NAME OF CHILD NO. 3**SOCIAL SECURITY NO.****DATE OF BIRTH**

(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

RACE: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No **SEX:** ☐ Male ☐ Female

Indicate the hour/days/duration for which child care is needed: _____

Child has a special need: ☐ No ☐ Yes **If yes, state special need and attach verification:** _____

Child is a US citizen or a qualified alien? ☐ No ☐ Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One): ☐ Denied ☐ Approved ☐ Waiting List ☐ Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____

Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____

**You May Be Required to Provide Additional Proof of Family Size, Income, Citizenship or Residency to Verify Eligibility.
Supporting Documentation Required May Include Most Current IRS Form 1040, Utility Bill or Birth Certificate.**

Child Care and Early Education Service Eligibility Application Certification

READ CAREFULLY BEFORE SIGNING

I (we) hereby certify that all of the information provided is true and correct to the best of my (our) knowledge. I (we) know that submitting false information about my (our) situation, failing to give the necessary information or causing others to hold back information is against the law and may subject me (us) to prosecution. I (we) also understand that:

- Acceptance of child care financial assistance is not for my (our) personal use or expenses and that federal, state and local public funds are and will be used as payment for costs that are directly associated with services rendered by a child care provider.
- It is unlawful to obtain financial assistance for child care services by providing any false or misleading information, including but not limited to information about my eligibility and/or information that relates to child attendance for provider records, sign-in sheets or voucher payment forms. Examples of unlawful behavior include, but are not limited to:
 - Failing to accurately report all sources of my (our) income. Examples include, but are not limited to not reporting multiple sources of income, or an increase or decrease in wage/salary, child support payments, or alimony, or any other income.
 - Failing to accurately report the amount of my income. Examples include, but are not limited to reporting the accurate amount(s) of income from self-employment; rent from property ownership or changing or altering pay stub information.
 - Failing to accurately report the number of household members. Examples include, but are not limited to failing to report that my spouse or another parent/guardian is living in the household.
 - Pre-signing and dating voucher certification forms, sign-in sheets or other provider records used to track and verify child attendance.
 - Failing to accurately verify child attendance on voucher payment records/forms within the reporting timeframes.
- This information is being given in connection with federal, state and local public funds and will be used through computer matching programs to confirm the accuracy of my (our) statements and verify my (our) income, resources and need for child care assistance, as warranted.
- Providing the requested information, including the Social Security Numbers of Parent(s)/Applicant(s), is voluntary. Agency staff may use my (our) names and Social Security information with federal and state agencies and other sources deemed necessary for official examination. However, copies of birth certificates, social security and qualified alien resident cards, if applicable, are required for all children for whom subsidy services are being requested.
- Failure to provide or deliberate misrepresentation of required information will result in the denial of my (our) application, termination of child care benefits to the family and referral to federal, state or local agencies for criminal or civil court action, garnishment of wages or tax intercept, as well as private claims collection agencies for claims action involving repayment and recovery of funds.
- Providing false or misleading information in connection with my (our) application for child care financial assistance, and/or failing to report within ten days any change in my (our) family size or family income or any other circumstances that might change my (our) eligibility, such as work/school/training status, may result in the termination of my (our) child care subsidy and make me (us) ineligible to apply for and/or receive subsidized child care for a period of six months for the first violation; for a period of 12 months for a second violation; and permanent disqualification for the third violation.
- If I receive financial assistance as a result of false or misleading information, I (we) may be responsible to repay the costs of child care and may be subject to a civil fine and possible criminal prosecution.
- I (we) understand that in order to verify my (our) income and service need, an agency representative may need to contact my (our) employer(s). I (we) hereby authorize my (our) employer(s) to release information regarding my (our) income, pay scale, hours and schedule of work to the agency to which I am applying.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Unsigned applications cannot be processed. A copy of this document will be provided to you for your records.

DYFS USE ONLY

DYFS Case Manager Name and Number: _____ Date: _____

Note: _____

SAR has been completed; voucher payments for DYFS/CPS child care services are approved for the period ____ / ____ / ____ thru ____ / ____ / ____

DYFS Voucher Payment Authorization Signature: _____ Date: _____

CCR&R or CENTER-BASED CONTRACTED (CBC) PROVIDER USE ONLY:

Check One: ☐ Initial Application ☐ Re-determination Certification Date: ____ / ____ / ____

Family Size: _____ Annual Family Income: \$ _____

Family's Total Assessed Co-Payment, if applicable (Enter Amt. and Check One): \$ _____ ☐ WEEK ☐ MONTH

Check One: ☐ DENIED ☐ APPROVED ☐ PENDING

Staff Member Certification: _____ Date: _____

Note: _____

Name of CCR&R or CBC Provider: _____



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Parent/Applicant Name: _____
Social Security Number: _____ Date of Birth: ____/____/____

Complete for Each Additional Child for Whom You Are Requesting Subsidy

4	FULL NAME OF CHILD NO. 4	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
5	FULL NAME OF CHILD NO. 5	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
6	FULL NAME OF CHILD NO. 6	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
7	FULL NAME OF CHILD NO. 7	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT

NJ CHILD CARE SUBSIDY PROGRAM

Application Addendum

All families receiving a subsidy through the NJ Child Care Subsidy Program must provide the following information:

Are your family assets worth more than \$1,000,000? ☐ No ☐ Yes

Note: Assets may include but are not limited to, personal bank accounts, business accounts, real estate, and personal property.

If the primary language spoken in your home is **not** English, please specify that language: _____

Is the Applicant:

On Full-Time Active Military Duty ☐ No ☐ Yes
In the National Guard/Military Reserve ☐ No ☐ Yes
Self-Employed ☐ No ☐ Yes

Is there a Co-Applicant? ☐ No ☐ Yes

If yes, are they:

On Full-Time Active Military Duty ☐ No ☐ Yes
In the National Guard/Military Reserve ☐ No ☐ Yes
Self-Employed ☐ No ☐ Yes

Are you homeless based on one or more of the following? ☐ No ☐ Yes

- Living in an emergency or transitional shelter.
- Staying in a motel, hotel, trailer park, or campground or sharing housing with other persons due to loss of housing, economic hardship, or similar reason.
- Living in a car, bus/train station, park, abandoned building.
- Living or sleeping in any public or private place that is not normally used as a residence or as a regular sleeping accommodation.
- Living in substandard housing (i.e. no electricity, running water, etc.).

I hereby certify that all of the information provided is true and correct to the best of my knowledge. I also acknowledge that submitting false or misleading information, intentionally omitting information or intentionally causing others to omit or fail to report information is cause for denial or termination from the child care program and I may be subject to all legal and equitable remedies.

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date

DISCRIMINATION

This program prohibits discrimination in determining eligibility for child care assistance.

If you believe you have been discriminated against by the New Jersey Child Care Subsidy Program because of race, color, disability, religion, national origin or another reason, you can contact:
Office of the Director, Division of Family Development, N.J. Department of Human Services, P.O. Box 716, Trenton, New Jersey 08625

ATTENTION: If you need your copay reduced because of a change in your family circumstances, please submit this form within **10 DAYS** of the change.

Today's Date:

Month / Day / Year

CC-198 (Rev. 4/17)

New Jersey Child Care Subsidy Program NOTIFICATION OF CHANGE FORM (C)

Instructions – Notify your Child Care Resource and Referral Agency (CCR&R) of any changes by completing and submitting this form to the address listed below.

Name of Applicant: _____ Address: _____		Please mail this form to: NORWESCAP Child and Family Resource Services 350 Marshall Street Phillipsburg, NJ 08865 908-454-1078											
Name of Co-Applicant: _____													
Family Identifier: _____													
The Below Change Occurred on: _____ / _____ / _____ Month Day Year		<input type="checkbox"/> I Need a Copay Reassessment											
STATUS CHANGE													
<input type="checkbox"/> Termination of Employment/School/Training: _____ (Name of Employer, School/Training Site)													
<input type="checkbox"/> Medical Leave/Family Leave/Maternity Leave													
<input type="checkbox"/> Seasonal Work/ School Break													
<input type="checkbox"/> Reduced Hours/School/Training New Weekly Hours: _____ New School Credits (Total): _____													
<input type="checkbox"/> Wage Reduction or Increase New Wage Amount: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____													
Policy Reminder – Families with income that exceeds 85% of State Median Income during the eligibility period will not be eligible for child care assistance. The information in the chart below is based on the FY 2016 Annual Update of the Department of Health & Human Services Poverty Guidelines and FY 2016 Department of Justice Census Bureau data on Median Family Income by Family Size.													
If Your Family Size is	⇒	1	2	3	4	5	6	7	8	9	10	11	12
Your Income Cannot Exceed	⇒	\$52,826	\$63,211	\$78,615	\$96,436	\$103,576	\$110,716	\$117,856	\$124,996	\$132,136	\$139,276	\$146,416	\$153,556
Note: If Your Family Size is more than 12, Each Additional= \$7,140													
HOUSEHOLD SIZE CHANGE													
<input type="checkbox"/> New Birth or Adoption <input type="checkbox"/> Eligible Dependent (Adult Over age 18) <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce/Separation <input type="checkbox"/> Death <input type="checkbox"/> Other: _____													
Household Size Change													
	Name	DOB						Sex	SSN	Add	Remove		
Child										<input type="checkbox"/>	<input type="checkbox"/>		
Child										<input type="checkbox"/>	<input type="checkbox"/>		
Co-Applicant										<input type="checkbox"/>	<input type="checkbox"/>		
Dependent										<input type="checkbox"/>	<input type="checkbox"/>		
This is to certify that I experienced the above change and wish to update my family status as indicated on this form. <ul style="list-style-type: none">• I understand that if I wish to have my co-pay reassessed due to a change in circumstance, I must submit my request within 10 days of the change.• I understand that if I experience a change in my employment/school/training status that exceeds three months, I must immediately notify the Child Care Resource and Referral Agency listed above.• I understand that CCR&R reserves the right to verify status changes during the eligibility period and that I may be required to provide documentation according to child care policy.• I understand that I could face adverse action, which may include termination of child care services and payment recoupment if I misrepresent any information provided on this form.													
Applicant Signature _____ Date _____													
Co-Applicant Signature _____ Date _____													
AGENCY USE ONLY:													
CCR&R Authorizing Signature _____ Date _____													