

— Ocean County Services —

1433 Hooper Avenue, Suite 340 ♥ Toms River, New Jersey 08753 ♥ Phone: 732-557-9633 ♥ Fax: 732-557-0588 ♥ www.chsofnj.org

KINSHIP CHILD CARE SUBSIDY ELIGIBILITY REQUIREMENTS

You will need to fill out the application in full, and submit all necessary documentation. If the application and information are not complete, we will not be able to process your application. Financial eligibility is based on the kinship caregiver's age, family size, and income of the family unit.

DOCUMENTATION REQUIREMENTS

	Kinship caregivers must prove their relationship with the relative child or children in their care.					
	You will need to show proof that you are related by blood, marriage, or legal guardianship to the child or children and that the child or children reside with you, such as child custody					
	information, birth, death, and marriage certificates, school records, records of public or private welfare agencies, and affidavits from knowledgeable persons.					
	You will need to show proof of your family unit's income (4 weeks of consecutive, pay stubs if employed, SSI, pension funds, unemployment, etc.)					
	If 60 or older: You will need to show proof of age (a copy of your driver's license or state ID).					
	If under 60: If you are not working due to a disability, we will need to verify your disability through your physician.					
	A copy of your most recently filed federal income tax return (please sign the copy and date)					
	A copy of the child(ren)'s birth certificate(s) and social security card(s) (if possible)					
	A copy of your Families First card (if applicable)					
	If you had an open case with Division of Child Protection and Permanency (formerly DYFS) that is now closed, please provide a copy of the letter verifying the closure.					
assistance with the application or have any questions, please call:						

If you need assistance with the application or have any questions, please call Virginia at ext 143 for General Information.

Alexis at ext 110 if your last name begins with the letters A – L

Francine at ext 166 if your last name begins with the letters M-Z



→ Kinship caregivers who are <u>under age 60</u> and employed or disabled cannot have a total income that exceeds the following based on your family size. For example, a family of 3 cannot exceed \$87,010.

FAMILY SIZE:	INCOME LIMIT:	FAMILY SIZE:	INCOME LIMIT:
2	\$ 69,020	8	\$176,960
3	\$ 87,010	9	\$194,950
4	\$ 105,00	10	\$212,940
5	\$112,990	11	\$230,930
6	\$140,980	12	\$248,920
7	\$158,970		

→ For each family member over 12 persons add: \$16,6520

Kinship caregivers who are age <u>60 or older</u> cannot have total income that exceeds the following based on family size. For example, a family of 3 cannot exceed \$124,300.

FAMILY SIZE:	INCOME LIMIT:	FAMILY SIZE:	INCOME LIMIT:
2	\$ 98,600	8	\$252,800
3	\$124,300	9	\$278,500
4	\$150,000	10	\$304,200
5	\$175,700	11	\$329,900
6	\$201,400	12	\$355,600
7	\$227,100		

→ For each family member over 12 persons add: \$25,700

→ Kinship caregivers may be required to pay a portion of the cost of child care. This is known as a co-payment, which will be assessed based on family size, total family income, and the use of full or part time care.

You will be notified in writing as to the status of your application.