

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

Date: _____

Child's Name: _____

Criteria for Post Adoption Child Care (PACC) Subsidy

- **Post Adoption child care will be conditional upon state budget appropriations and may result in a reduction in the amount of child care subsidy, or child care subsidy may be time limited, suspended or discontinued.**
- Upon finalization of the child's adoption, the family will receive a referral from the Division of Child Protection & Permanency (DCP&P) for child care services.
- The adoption child care subsidy is for children 0-6 years old, or until the child becomes eligible to attend full-time school, whichever comes first.
- **Single parents or both parents in a two-parent home must be working full-time (30 hours/week) or be in a full-time education program (12 semester hours/9 semester hours in summer) or participate 20 hours/week in a job training program.**
- The parent(s) must provide supporting documentation as proof of their employment (please submit most recent paystub for each client), training or education as well as proof of any permanent disability that impacts upon their ability to care for the child(ren), if applicable.
- Child care will be limited to a licensed child care center, registered family child care setting or on a case by case basis, DCP&P in-home care.
- Child care subsidy will be at the state voucher rate and not the market rate.
- Any additional costs for child care including, but not limited to, registration fees, activity fees, late fees, transportation, additional days or hours will be the financial responsibility of the adoptive family. There will be no reimbursement from DCP&P and Division of Family Development (DFD).
- The adoptive family will be responsible to comply with any child care renewal procedures.
- The adoptive family understands that any costs resulting from any missed deadlines, incomplete paperwork or failure to comply with any policy or procedure will be their financial responsibility and there will be NO reimbursement from DCP&P and DFD.
- The post adoption child care may be terminated and or suspended if the adoptive family does not meet the eligibility or adoption subsidy payments are suspended or terminated for any reason.

Applicant

Applicant Signature

Date

Co-Applicant

Co-Applicant Signature

Date

The above information was obtained from the Division of Family Development Instruction No. 06-4-3,
Subject: Post Adoption Child Care (PACC) Services, Revised Comprehensive Instruction.



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:


The Children's Home Society
OF NEW JERSEY
1433 Hooper Avenue, Suite 340
Toms River, NJ 08753
(732) 557-9633

PACC

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.)

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

Relationship of APPLICANT to children: ☐ Father ☐ Mother ☐ Legally Responsible Adult ☐ Foster Parent ☐ 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: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White

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

3. HOME ADDRESS (Number and Street) _____

City: _____ State: _____ Zip Code: _____

County: _____ School District: _____

4. HOME TELEPHONE: _____ **EMAIL:** _____

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 Info 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.

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:

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

C Work/School/Training Information Proof of Current School Registration Must Be Attached

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

DHS/CC:1 (12/2008)

*** INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED ***

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

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:


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(732) 557-9633

PACC

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 <i>If yes, state special need and attach verification:</i> _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____		
	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 America <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 <i>If yes, state special need and attach verification:</i> _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____		
	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 <i>If yes, state special need and attach verification:</i> _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____		
	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 <i>If yes, state special need and attach verification:</i> _____		
	Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____		
	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: ____/____/____		

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:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. 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: _____



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



NEW JERSEY CHILD CARE ASSISTANCE PROGRAM APPLICATION DOCUMENTATION CHECKLIST

Below is a general list of required documents for each section of the Child Care Assistance Program (CCAP) application that must be submitted for initial eligibility consideration. Additional documents may also be required based on program requirements. If you have questions, need assistance filling out the application or to request any DFD-required forms, contact your local CCR&R. Visit www.ChildCareNJ.gov/CCRR for a list by county or call 1-800-322-9227.

A. APPLICANT & CO-APPLICANT 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

B. ADDRESS

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

- | | |
|---|--|
| <input type="checkbox"/> Current Rental/Lease Agreement or Mortgage Bill | <input type="checkbox"/> Home Utility Bills |
| <input type="checkbox"/> Court Decree <i>(if applicable)</i> | <input type="checkbox"/> Medical Documentation |
| <input type="checkbox"/> School Records Showing Residence | <input type="checkbox"/> Vehicle Registration/Title or NJ Driver's License |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship <i>(if applicable)</i> | <input type="checkbox"/> Most Recent Filed Tax Forms Showing Dependency |
- (For dependents 18+, must provide filed IRS 1040 Form)*

If you are experiencing homelessness as defined by any of the following situations and are unable to provide the necessary documents with your application, you may have up to six months to submit the required paperwork. Situations include:

- Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings [within the meaning of section 103(a)(2)(C)];
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, bus or train stations, or similar settings; and Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii) therein.

C. HOUSEHOLD INFORMATION

To prove relationship, any of following must be submitted for **any child in need of child care services**:

- ☐ 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)*

If the **dependent is over the age of 18**, submit **one** of the following documents to verify family size:

- ☐ Most recent filed tax forms showing dependency (copy of filed IRS 1040 form)
- ☐ Health Insurance policy showing coverage for the dependent
- ☐ Records of school enrollment



NEW JERSEY CHILD CARE ASSISTANCE PROGRAM APPLICATION DOCUMENTATION CHECKLIST

D. INCOME

For each applicant/co-applicant, submit all that apply to verify income:

INCOME FROM EMPLOYMENT:

- ☐ Must provide one month of current pay stubs (e.g. 4 weekly, 2 biweekly, etc.); and/or
- ☐ DFD Verification of Employment Form CC-188 *(If needed to verify work hours when not reflected in the pay stubs or to verify income when the applicant/co-applicant does not receive pay stubs.)*

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 CC-188 *(If approved for CCAP, applicant/co-applicant will be required to follow up with pay stubs if received.)*

SELF-EMPLOYED ONLY:

- ☐ Submit Current IRS Tax Transcript of Form 1040 along with Schedule C, "Profit or Loss from Business"

UNABLE TO WORK or INCAPACITATED:

- ☐ DFD Statement of Incapacity Form CC-10

OTHER INCOME OR BENEFITS TO FAMILY UNIT:

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

- ☐ Pension/Retirement Documentation
- ☐ Social Security Award Letter
- ☐ Unemployment/Worker's Compensation Documentation
- ☐ Alimony/Spousal Support
- ☐ Veterans/Military Benefits
- ☐ Disability Benefits
- ☐ Child Support (minimum 6 months of Payment/Disbursement History)
- ☐ Any other income required for federal/state tax reporting purposes

(Note: If child support or alimony is not court ordered, write the amount you receive monthly in Section C of the application)

E. WORK/SCHOOL/TRAINING

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

- ☐ **WORK:** See Section D, "Income from Employment" for acceptable documents to verify hours of work
- ☐ **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

F. CHILD(REN) INFORMATION

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

- ☐ U.S. Birth Certificate
- ☐ Certificate of Citizenship
- ☐ U.S. Passport or Passport Card
- ☐ Social Security Card
- ☐ Permanent Resident Card (Green Card) (USCIS Form I-551)
- ☐ Refugee Travel Document (Form I-571)
- ☐ Electronic version of U.S. Customs and Border Protection Form I-94 (available on the CBP One Mobile App or <https://i94.cbp.dhs.gov/I94#home>)



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.