The Children's Home Society OF NEW JERSEY®

Ocean County Services

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.

Department of Human Services • Division of Family Development

New Jersey Child Care Assistance Program
Overview and Application Instructions

As so many families know, child care costs can take up a lot of the monthly budget. The New Jersey Child Care Assistance Program (CCAP) is funded by the federal Child Care and Development Fund (CCDF) and provides financial assistance for child care on behalf of eligible families. CCAP can help lower-income families who are working, in training or in school, or a combination of these activities, to pay a portion of their child care.

Applying for Child Care Assistance
As an applicant/co-applicant seeking child care assistance, you will be required to provide proof of income, training/school hours and family size to help determine eligibility. All required documents must be submitted to be considered for assistance.

Applicant/Co-Applicant Eligibility Requirements
- Must be a New Jersey resident;
- Must meet income requirements and not have assets that exceed $1 million; and
- Must be working full time (30 hours or more a week), attending school full time (12 credits or more), in job training (at least 20 hours a week), or have a full-time equivalent combination of these activities to meet the requirement.

Child(ren) Eligibility Requirements
- Up to the age of 13, or less than age 19, if under the NJ Division of Child Protection and Permanency's (DCP&P) protective supervision or mentally or physically incapable of self-care;
- Must be a U.S. citizen or qualified non-citizen; and
- Must reside with applicant/co-applicant (parent(s) or individual(s) acting as parent(s) (in loco parentis)).

Eligible Child Care Providers
- You can use your child care assistance at any licensed child care center, a registered family child care provider, approved home (in-home and family, friend or neighbor), school-based program or a summer youth camp that is approved by the state and accepts state payments.
- Eligible providers must comply with all Child Care and Development Block Grant (CCDBG) requirements including completing numerous health and safety trainings and required criminal background checks.

Completing and Submitting an Application
To get started, you must first complete, sign and submit the following application with all the required documents to your Child Care Resource and Referral (CCR&R) agency. To find your local CCR&R, visit www.ChildCareNJ.gov/CCRR or call 1-800-332-9227.

What happens next if my application is approved?
If approved, your CCR&R will send you a Parent/Applicant and Provider Agreement (PAPA) for each child for whom child care assistance is requested. You must complete this form and return to your CCR&R within ten (10) calendar days. The PAPA must be signed by both the applicant/co-applicant and child care provider and returned to your CCR&R prior to the expiration date indicated. Your CCR&R cannot initiate child care assistance payments until this agreement is signed and returned. Initial child care assistance approval (your period of eligibility) is for 12 months, unless you request a shorter period of care. You will receive an Application for Redetermination from your CCR&R prior to the end of your period of eligibility.

For more about eligibility requirements, applying for child care assistance, licensing information, a search to find child care in your area, provider inspection reports and information on what makes a quality program, visit www.ChildCareNJ.gov or call the Child Care Helpline at 1-800-332-9227.

Department of Human Services • Division of Family Development

New Jersey Child Care Assistance Program Application

Submit this application along with any required documentation to your Child Care Resource and Referral (CCR&R) agency:
(See the Documentation Checklist at the end of this application for required documentation)

The Children's Home Society OF NEW JERSEY®
PACC Application

1433 Hooper Ave. Suite 340
Toms River, NJ 08753
732-557-9633

Please type or print neatly using blue or black ink only. Asterisk (*) indicates a required field. Social Security Number is optional for applicant/co-applicant. Answer all questions to the best of your knowledge.

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 1-800-332-9227.

A. APPLICANT & CO-APPLICANT INFORMATION

APPLICANT

Applicant's Last Name*:	First Name*:	M.I.:
Social Security Number: – –	Date of Birth (MM/DD/YYYY)*: / /	
Gender at Birth*: ☐ ***Female*** ☐ ***Male***	Are you Head of Household?*: ☐ ***Yes*** ☐ ***No***	
Relationship to the Child*:	Are you Hispanic/Latino?*: ☐ ***Yes*** ☐ ***No***	
The following information is for statistical purposes. Check any that apply*: ☐ ***White/Caucasian*** ☐ ***Native American/Alaskan Native*** ☐ ***Asian*** ☐ ***Black/African American*** ☐ ***Native Hawaiian/Pacific Islander*** ☐ ***Other:*** _____		
If the primary language spoken in your home is not English, what language do you speak?:		

CO-APPLICANT

If applicable, enter Co-Applicant information (must live in the same household)		
Co-Applicant's Last Name*:	First Name*:	M.I.:
Social Security Number: – –	Date of Birth (MM/DD/YYYY)*: / /	
Gender at Birth*: ☐ ***Female*** ☐ ***Male***	Are you Hispanic/Latino?*: ☐ ***Yes*** ☐ ***No***	
The following information is for statistical purposes. Check any that apply*: ☐ ***White/Caucasian*** ☐ ***Native American/Alaskan Native*** ☐ ***Asian*** ☐ ***Black/African American*** ☐ ***Native Hawaiian/Pacific Islander*** ☐ ***Other:*** _____		

FAMILY SIZE

Total number of applicants (including the co-applicant, if applicable)*: _____
Total number of dependent children in family*: _____
Total number of dependent adults in family*: _____

Dependent children are all children under the age of 18 in the household. Dependent adults are those who are not legally responsible for the children but who are dependent upon the applicant/co-applicant. Dependency must be verified via the family's most current income tax form.

B. ADDRESS

Home Address*:		Apt.#:
City*:	State*:	Zip Code*:
School District*:	Email:	
Cell Phone Number:	Home Phone Number:	
I am experiencing homelessness. I lack a fixed, regular and adequate nighttime residence: ☐ ***Yes*** ☐ ***No*** If you are experiencing homelessness, you may be given more time to submit required documentation. See the Documentation Checklist for more information.		

New Jersey Child Care Assistance Program Application

C. HOUSEHOLD INFORMATION

Is the applicant/co-applicant currently (select all that apply):

☐ ***Yes*** ☐ ***No*** Serving full-time and in active duty in the military?
☐ ***Yes*** ☐ ***No*** Serving in the National Guard or military reserves?
☐ ***Yes*** ☐ ***No*** Receiving, or in the past received, WFNJ-TANF benefits? If yes, please provide TANF ID#: _____
☐ **Yes** ☐ **No** Receiving, or in the past received, SNAP benefits? If yes, please provide SNAP ID#: _____
☐ **Yes** ☐ **No** Do you currently have health insurance benefits?

D. INCOME *Attach documentation of one month of current income. See the Documentation Checklist for guidance.*

Do your family's assets exceed $1,000,000.00?*: ☐ ***Yes*** ☐ ***No***

APPLICANT			**CO-APPLICANT**		
Check all sources of income that apply:	Amount	Frequency	Check all sources of income that apply:	Amount	Frequency
☐ ***Wages/salary (from all employers)***			☐ ***Wages/salary (from all employers)***		
☐ ***Wages/salary (self-employment)***			☐ ***Wages/salary (self-employment)***		
☐ ***Pension/retirement***			☐ ***Pension/retirement***		
☐ ***Supplemental Security Income (SSI)***			☐ ***Supplemental Security Income (SSI)***		
☐ ***Social Security benefits***			☐ ***Social Security benefits***		
☐ ***Unemployment/worker's compensation***			☐ ***Unemployment/worker's compensation***		
☐ ***Veterans/military benefits***			☐ ***Veterans/military benefits***		
☐ ***Disability benefits***			☐ ***Disability benefits***		
☐ ***Child support**:***			☐ ***Child support**:***		
☐ ***Alimony**:***			☐ ***Alimony**:***		
☐ ***Other:*** _____			☐ ***Other:*** _____		

**Enter the amount of child support and/or alimony you receive, regardless of whether it is court ordered or not.*

E. WORK/SCHOOL/TRAINING

APPLICANT

Is the applicant incapacitated and unable to work?: ☐ ***Yes*** ☐ ***No*** *(If Yes, you will need to complete the CC-10 Statement of Incapacity Form)*

Are you working?: ☐ ***Yes*** ☐ ***No*** Start Date (MM/DD/YYYY): / / ☐ ***Full Time*** Hours per week: _____ ☐ ***Part Time*** Hours per week: _____	Are you enrolled in school?: ☐ ***Yes*** ☐ ***No*** Start Date (MM/DD/YYYY): / / Classroom credits/hours: _____	Are you in a training program?: ☐ ***Yes*** ☐ ***No*** Start Date (MM/DD/YYYY): / / Hours per week: _____

Employer Name or School/Training Site:		Phone:
Address:		
City:	State:	Zip Code:
Second Employer Name or School/Training Site (if applicable):		Phone:
Address:		
City:	State:	Zip Code:

If there are additional employer(s), school(s), training site(s), please attach documentation.

CO-APPLICANT

Is the co-applicant incapacitated and unable to work?: ☐ ***Yes*** ☐ ***No*** *(If Yes, you will need to complete the CC-10 Statement of Incapacity Form)*

Are you working?: ☐ ***Yes*** ☐ ***No*** Start Date (MM/DD/YYYY): / / ☐ ***Full Time*** Hours per week: _____ ☐ ***Part Time*** Hours per week: _____	Are you enrolled in school?: ☐ ***Yes*** ☐ ***No*** Start Date (MM/DD/YYYY): / / Classroom credits/hours: _____	Are you in a training program?: ☐ ***Yes*** ☐ ***No*** Start Date (MM/DD/YYYY): / / Hours per week: _____

Employer Name or School/Training Site:		Phone:
Address:		
City:	State:	Zip Code:
Second Employer Name or School/Training Site (if applicable):		Phone:
Address:		
City:	State:	Zip Code:

If there are additional employer(s), school(s), training site(s), please attach documentation.

New Jersey Child Care Assistance Program Application

F. CHILD(REN) INFORMATION *Include each child needing child care assistance. Use the Additional Child(ren) Form if needed.*

CHILD #1

Last Name*:				First Name*:		M.I.:	
Social Security Number*: – –				Date of Birth (MM/DD/YYYY)*: / /			
Gender at Birth*: ☐ ***Female*** ☐ ***Male***				Is the child Hispanic/Latino?*: ☐ ***Yes*** ☐ ***No***			
The following information is for statistical purposes. Check any that apply*: ☐ ***White/Caucasian*** ☐ ***Native American/Alaskan Native*** ☐ ***Asian*** ☐ ***Black/African American*** ☐ ***Native Hawaiian/Pacific Islander*** ☐ ***Other:*** _____							
Is the child a U.S. citizen or a lawful permanent resident?*: ☐ ***Yes*** ☐ ***No*** *(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))*							
Does the child have a documented disability?: ☐ ***Yes*** ☐ ***No*** *(If Yes, you will need to complete the CC-216 Special Needs Certification Form)*							
Name of child care provider (if selected):							
Care is needed:	☐ ***Sunday***	☐ ***Monday***	☐ ***Tuesday***	☐ ***Wednesday***	☐ ***Thursday***	☐ ***Friday***	☐ ***Saturday***
Start Time:							
End Time:							

CHILD #2

Last Name*:				First Name*:		M.I.:	
Social Security Number*: – –				Date of Birth (MM/DD/YYYY)*: / /			
Gender at Birth*: ☐ ***Female*** ☐ ***Male***				Is the child Hispanic/Latino?*: ☐ ***Yes*** ☐ ***No***			
The following information is for statistical purposes. Check any that apply*: ☐ ***White/Caucasian*** ☐ ***Native American/Alaskan Native*** ☐ ***Asian*** ☐ ***Black/African American*** ☐ ***Native Hawaiian/Pacific Islander*** ☐ ***Other:*** _____							
Is the child a U.S. citizen or a lawful permanent resident?*: ☐ ***Yes*** ☐ ***No*** *(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))*							
Does the child have a documented disability?: ☐ ***Yes*** ☐ ***No*** *(If Yes, you will need to complete the CC-216 Special Needs Certification Form)*							
Name of child care provider (if selected):							
Care is needed:	☐ ***SUN***	☐ ***MON***	☐ ***TUES***	☐ ***WED***	☐ ***THURS***	☐ ***FRI***	☐ ***SAT***
Start Time:							
End Time:							

CHILD #3

Last Name*:				First Name*:		M.I.:	
Social Security Number*: – –				Date of Birth (MM/DD/YYYY)*: / /			
Gender at Birth*: ☐ ***Female*** ☐ ***Male***				Is the child Hispanic/Latino?*: ☐ ***Yes*** ☐ ***No***			
The following information is for statistical purposes. Check any that apply*: ☐ ***White/Caucasian*** ☐ ***Native American/Alaskan Native*** ☐ ***Asian*** ☐ ***Black/African American*** ☐ ***Native Hawaiian/Pacific Islander*** ☐ ***Other:*** _____							
Is the child a U.S. citizen or a lawful permanent resident?*: ☐ ***Yes*** ☐ ***No*** *(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))*							
Does the child have a documented disability?: ☐ ***Yes*** ☐ ***No*** *(If Yes, you will need to complete the CC-216 Special Needs Certification Form)*							
Name of child care provider (if selected):							
Care is needed:	☐ ***SUN***	☐ ***MON***	☐ ***TUES***	☐ ***WED***	☐ ***THURS***	☐ ***FRI***	☐ ***SAT***
Start Time:							
End Time:							

CHILD #4

Last Name*:				First Name*:		M.I.:	
Social Security Number*: – –				Date of Birth (MM/DD/YYYY)*: / /			
Gender at Birth*: ☐ ***Female*** ☐ ***Male***				Is the child Hispanic/Latino?*: ☐ ***Yes*** ☐ ***No***			
The following information is for statistical purposes. Check any that apply*: ☐ ***White/Caucasian*** ☐ ***Native American/Alaskan Native*** ☐ ***Asian*** ☐ ***Black/African American*** ☐ ***Native Hawaiian/Pacific Islander*** ☐ ***Other:*** _____							
Is the child a U.S. citizen or a lawful permanent resident?*: ☐ ***Yes*** ☐ ***No*** *(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))*							
Does the child have a documented disability?: ☐ ***Yes*** ☐ ***No*** *(If Yes, you will need to complete the CC-216 Special Needs Certification Form)*							
Name of child care provider (if selected):							
Care is needed:	☐ ***SUN***	☐ ***MON***	☐ ***TUES***	☐ ***WED***	☐ ***THURS***	☐ ***FRI***	☐ ***SAT***
Start Time:							
End Time:							

G. IMPORTANT COMMUNITY RESOURCES

To make a complaint or report a health and safety violation, contact:

Child Care Centers
Contact the Dept. of Children and Families, Office of Licensing
njccis.com/njccis/public-complaint
1-877-667-9845
Complaints may be made anonymously.

Registered Family Child Care and Home-Based Providers
Contact your CCR&R
www.ChildCareNJ.gov/Parents/CCRR
1-800-332-9227

Summer Youth Camps
Contact the Dept. of Health, Public Health and Food Protection Program
1-609-826-4935 ext. 27

Child Care Resource and Referral (CCR&R) Agencies
Contact the Office of Child Care
www.ChildCareNJ.gov
DFD.ChildCare@dhs.nj.gov
1-609-588-2163

To report abuse and neglect, contact:
All reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster homes and residential treatment centers, must be reported to the State Central Registry Child Abuse Hotline. This is a toll-free, 24-hour, seven-days-a-week hotline.
1-877 NJ ABUSE (652-2873) • TTY 1-800-835-5510

The **Division of Family Development (DFD)** provides leadership and supervision to the public and non-profit agencies that deliver financial assistance and critical safety net services to individuals and families in New Jersey. Along with Child Care services, the programs within DFD are Work First New Jersey/Temporary Assistance for Needy Families (WFNJ/TANF) and WFNJ/General Assistance (WFNJ/GA) – the two programs that make up the state's cash assistance program; NJ SNAP; and Child Support services. For more information on these programs, visit the DFD website at www.nj.gov/humanservices/dfd.

If you are deaf, hard of hearing, deaf-blind and/or speech-disabled use 7-1-1 NJ Relay.

NJ 2-1-1 • www.NJ211.org • Dial 2-1-1
NJ 211 provides live assistance 24 hours a day, every day of the year. Services are free, confidential and multilingual with referrals to over 7,600 community programs and services like – food, utilities, affordable housing, rental assistance, mental and physical health, substance use disorders, senior needs, legal assistance, Kinship Navigator Program, transportation, disability services and so much more.

NJ Helps • www.NJHelps.gov
NJ Helps is an online screening tool that will help you see if you are eligible for food assistance (SNAP), cash assistance (WFNJ/TANF or WFNJ/GA), and health insurance (NJ FamilyCare/Medicaid). From there you can apply for services or learn about additional resources.

Connecting NJ • www.nj.gov/connectingnj
Connecting NJ is a referral process for obstetrical and prenatal care providers, community agencies, and families linking you to NJ Family Care, Community Doulas, Home Visitation Programs and more.

Early Intervention Services • www.nj.gov/health/fhs/eis/for-families/ • Birth to Age Three: 1-888-653-4463 • Over Age Three: 1-800-322-8174
The New Jersey Early Intervention System (NJEIS), under the Division of Family Health Services, for infants and toddlers, birth to age three, with developmental delays or disabilities, and their families. New Jersey Early Intervention System Project Child Find assists families of preschoolers ages 3 through 5 concerned about their child's development.

Earned Income Tax Credit (EITC) • https://eitc.nj.gov • Federal: 1-800-929-1040 • State: 1-888-895-8179
EITC is a federal and state tax credit benefit for individuals and families who earn low-to moderate incomes in NJ.

Family Help Line • 1-800-THE-KIDS (1-800-843-5437) 24 hours a day, 7 days a week
If you're feeling stressed out, call the Family Help Line and work through your frustrations before a crisis occurs. You'll speak to sensitive, trained volunteers of Parents Anonymous who provide empathic listening about parenting and refer you to resources in your community.

Low Income Home Energy Assistance (LIHEAP) • 1-800-510-3102
The Home Energy Assistance Program helps very low-income residents with their heating and cooling bills, and makes provisions for emergency heating system services and emergency fuel assistance within the Home Energy Assistance Program.

NJ Parent Link • www.njparentlink.nj.gov • 609-633-1363
The focus of NJ Parent Link is to meet the information and resource needs of expectant parents, families with young children (newborns to children entering kindergarten) and professional stakeholders vested in the health and well-being of New Jersey's children and families. Parenting and support resources for families with older children, school aged to young adulthood, are also available.

Social Service for the Homeless (SSH) • www.nj.gov/humanservices/dfd/programs/ssh • NJ 2-1-1
Provides assistance to New Jersey residents who are at risk of homelessness, but are ineligible for Temporary Assistance for Needy Families, General Assistance or Supplemental Security Income.

H. 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 criminal and civil penalties, as well as the denial, termination and/or repayment of child care services and child care assistance.

I (we) also understand that:

1. Acceptance of child care financial assistance is not for my (our) personal use or expenses. Federal, state and local public funds, such as this child care assistance, must and will be used as payment for costs that are directly associated with services rendered by a child care provider.
2. It is a violation of program rules to provide any false or misleading information for the purpose of obtaining financial assistance for child care services, including but not limited to, information about my (our) eligibility. For example:
   - Failing to accurately report all sources of my (our) income, such as, but not limited to, not reporting multiple sources of income, or an increase or decrease in wage/salary, child support or alimony payments, self-employment wages, unemployment benefits or any other source of income.
   - Failing to accurately report the amount of my (our) income. Examples include, but are not limited to, reporting the accurate amount(s) of income from self-employment, child support, alimony, income from a second job or rent from property ownership. Changing or altering pay stub information is unlawful and will not be tolerated.
   - Failing to accurately report the number of household members, for example, failing to report a spouse or another parent/guardian is living in the household.
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 social security numbers of the applicant/co-applicant is voluntary. CCR&R 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 and Social Security or Permanent Resident Card (Green Card), are required for all children for whom child care assistance is requested.
5. In order to verify my (our) income and service need, a CCR&R 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 CCR&R representative.
6. The state has set maximum rates for what it pays for child care assistance. These rates vary depending on several factors including the age of the child and the type of provider. This assistance may cover your entire cost for care, however, providers all charge different amounts. If your provider charges more than what the state covers, I (we) understand that I (we) are responsible for paying the difference.
7. I (we) are responsible for the copayment (copay) fee which is calculated by the CCR&R and based upon my (our) family size, annual income, hours of care needed and the age of my (our) children during the period of eligibility. (Copays are NOT being assessed through June 30, 2024, or until further notice. The applicant/co-applicant will be responsible for copays when they are reinstated.)
8. Should there be a change in the utilization of child care services, the CCR&R retains the right to change my (our) Parent/Applicant and Provider Agreement (PAPA) to reflect the actual hours of care needed.
9. I (we) must notify the CCR&R in person, by mail, phone, email or using the CC-198 Notification of Change Form, immediately or no later than 10 days from the occurrence, of any changes that may affect child care eligibility. This includes no longer needing care, relocation out of county or state, change of provider or type of care and/or if any income changes to exceed 85% of the State Median Income (Income Eligibility Chart available at www.ChildCareNJ.gov/Parents/CCAP).
10. The assigned CCR&R is authorized to issue payment to **only one child care provider per child** for the specified period of eligibility.

Continued on next page

H. CERTIFICATION CONTINUED *Read carefully before signing.*

11. Authorization for child care assistance is for 12 months, unless you request a shorter period of time.
12. Payment is issued directly to providers on a biweekly basis.
13. If found eligible, the authorized/executed PAPA constitutes the full terms of child care assistance.
14. The applicant/co-applicant is responsible to comply with program rules and utilize the DFD-approved time and attendance system. Failing to properly utilize the DFD-approved time and attendance system (which verifies child attendance and generates payment to the child care provider) may result in disqualification. (The DFD-approved time and attendance system is NOT being utilized through June 30, 2024 or until further notice.)
15. If my (our) application for child care services is denied by the CCR&R, or my (our) child care services are adversely impacted as a result of an action by the CCR&R, then I (we) have the right to request a case review within 10 calendar days of the denial/adverse action through the CCR&R. If I (we) disagree with the CCR&R's case review decision, then I (we) have the right to request an administrative review from the NJ Division of Family Development within 90 days of the denial/adverse action. The timely request for an administrative review must be made to: **Bureau of Administrative Review and Appeals, Division of Family Development, P.O. Box 716, Trenton, NJ 08625-0716 or by calling 1-800-792-9774.**
16. That I should keep a copy of this application for my records.
17. I (we) have read this Certification and understand that failure to comply with the terms may result in the denial of my (our) application for child care assistance benefits or the loss of these benefits.

Applicant Signature*: _____ Date*: _____

Co-Applicant Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

APPLICATION STATUS

☐ **Complete** (all supporting documentation attached) ☐ **Incomplete**

INCOME/FAMILY SIZE

Gross Annual Household Income:	**Family Size:**	
Family's Total Assessed Copay:	**Amount:**	**Frequency:**

ELIGIBILITY RESULTS

☐ **Approved (Eligible)**	**Eligibility Start Date (MM/DD/YYYY):** / /	**Eligibility End Date (MM/DD/YYYY):** / /
☐ **Pending Documentation**	**Date Notice Sent (MM/DD/YYYY):** / /	**Deadline to Submit (MM/DD/YYYY):** / /
☐ **Denied (Ineligible)**	**Reason:**	

Assistance Type: ☐ CCAP ☐ DOE Wrap ☐ Kinship ☐ CSP ☐ PACC ☐ WFNJ ☐ TCC

CCR&R INFO

CCR&R Authorizing Printed Name:

CCR&R Authorizing Signature:	**Certification Date (MM/DD/YYYY):** / /

New Jersey Child Care Assistance Program Application
Additional Child(ren) Information *Include each child needing child care assistance*

Applicant Name*:	Co-Applicant Name:
Social Security Number: – –	Social Security Number: – –
Date of Birth (MM/DD/YYYY)*: / /	Date of Birth (MM/DD/YYYY): / /

CHILD #5

Last Name*:			First Name*:		M.I.:		
Social Security Number*: – –			Date of Birth (MM/DD/YYYY)*: / /				
Gender at Birth*: ☐ ***Female*** ☐ ***Male***			Is the child Hispanic/Latino?*: ☐ ***Yes*** ☐ ***No***				
The following information is for statistical purposes. Check any that apply*: ☐ ***White/Caucasian*** ☐ ***Native American/Alaskan Native*** ☐ ***Asian*** ☐ ***Black/African American*** ☐ ***Native Hawaiian/Pacific Islander*** ☐ ***Other:*** _____							
Is the child a U.S. citizen or a lawful permanent resident?*: ☐ ***Yes*** ☐ ***No*** *(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))*							
Does the child have a documented disability?: ☐ ***Yes*** ☐ ***No*** *(If Yes, you will need to complete the CC-216 Special Needs Certification Form)*							
Name of child care provider (if selected):							
Care is needed:	☐ ***SUN***	☐ ***MON***	☐ ***TUES***	☐ ***WED***	☐ ***THURS***	☐ ***FRI***	☐ ***SAT***
Start Time:							
End Time:							

CHILD #6

Last Name*:			First Name*:		M.I.:		
Social Security Number*: – –			Date of Birth (MM/DD/YYYY)*: / /				
Gender at Birth*: ☐ ***Female*** ☐ ***Male***			Is the child Hispanic/Latino?*: ☐ ***Yes*** ☐ ***No***				
The following information is for statistical purposes. Check any that apply*: ☐ ***White/Caucasian*** ☐ ***Native American/Alaskan Native*** ☐ ***Asian*** ☐ ***Black/African American*** ☐ ***Native Hawaiian/Pacific Islander*** ☐ ***Other:*** _____							
Is the child a U.S. citizen or a lawful permanent resident?*: ☐ ***Yes*** ☐ ***No*** *(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))*							
Does the child have a documented disability?: ☐ ***Yes*** ☐ ***No*** *(If Yes, you will need to complete the CC-216 Special Needs Certification Form)*							
Name of child care provider (if selected):							
Care is needed:	☐ ***SUN***	☐ ***MON***	☐ ***TUES***	☐ ***WED***	☐ ***THURS***	☐ ***FRI***	☐ ***SAT***
Start Time:							
End Time:							

CHILD #7

Last Name*:			First Name*:		M.I.:		
Social Security Number*: – –			Date of Birth (MM/DD/YYYY)*: / /				
Gender at Birth*: ☐ ***Female*** ☐ ***Male***			Is the child Hispanic/Latino?*: ☐ ***Yes*** ☐ ***No***				
The following information is for statistical purposes. Check any that apply*: ☐ ***White/Caucasian*** ☐ ***Native American/Alaskan Native*** ☐ ***Asian*** ☐ ***Black/African American*** ☐ ***Native Hawaiian/Pacific Islander*** ☐ ***Other:*** _____							
Is the child a U.S. citizen or a lawful permanent resident?*: ☐ ***Yes*** ☐ ***No*** *(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))*							
Does the child have a documented disability?: ☐ ***Yes*** ☐ ***No*** *(If Yes, you will need to complete the CC-216 Special Needs Certification Form)*							
Name of child care provider (if selected):							
Care is needed:	☐ ***SUN***	☐ ***MON***	☐ ***TUES***	☐ ***WED***	☐ ***THURS***	☐ ***FRI***	☐ ***SAT***
Start Time:							
End Time:							

CHILD #8

Last Name*:			First Name*:		M.I.:		
Social Security Number*: – –			Date of Birth (MM/DD/YYYY)*: / /				
Gender at Birth*: ☐ ***Female*** ☐ ***Male***			Is the child Hispanic/Latino?*: ☐ ***Yes*** ☐ ***No***				
The following information is for statistical purposes. Check any that apply*: ☐ ***White/Caucasian*** ☐ ***Native American/Alaskan Native*** ☐ ***Asian*** ☐ ***Black/African American*** ☐ ***Native Hawaiian/Pacific Islander*** ☐ ***Other:*** _____							
Is the child a U.S. citizen or a lawful permanent resident?*: ☐ ***Yes*** ☐ ***No*** *(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))*							
Does the child have a documented disability?: ☐ ***Yes*** ☐ ***No*** *(If Yes, you will need to complete the CC-216 Special Needs Certification Form)*							
Name of child care provider (if selected):							
Care is needed:	☐ ***SUN***	☐ ***MON***	☐ ***TUES***	☐ ***WED***	☐ ***THURS***	☐ ***FRI***	☐ ***SAT***
Start Time:							
End Time:							

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 1-800-332-9227.

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 card
- ☐ School photo ID card
- ☐ 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:

- ☐ Current rental/lease agreement or mortgage bill
- ☐ Court decree *(if applicable)*
- ☐ School records showing residence
- ☐ Custody agreement or other court documents for guardianship *(if applicable)*
- ☐ Home utility bills
- ☐ Medical documentation
- ☐ Vehicle registration/title or NJ driver's license
- ☐ 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
- ☐ CC-188 Verification of Employment Form (*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
- ☐ CC-188 Verification of Employment Form (*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:

- ☐ CC-10 Statement of Incapacity Form

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:** Course registration or transcript from the school or a CC-189 Verification of School or Training Form if a registration or transcript is not yet available
- ☐ **TRAINING PROGRAM**: Program registration or transcript from the training program or a CC-189 Verification of School or Training Form if a registration or transcript is not yet available

F. CHILD(REN) INFORMATION *(for child citizenship status purposes only)*

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)