

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HOW TO COMPLETE THE *APPLICATION FOR CHILD CARE ASSISTANCE*

CATEGORIES OF CHILD CARE ASSISTANCE IN THE NEW YORK STATE CHILD CARE BLOCK GRANT PROGRAM

- 1) Families eligible for a child care guarantee – applying for or receiving Public Assistance (PA), or receiving Child Care Assistance in lieu of PA or receiving transitional child care
- 2) Families eligible when funds are available
- 3) Families eligible when funds are available, and the local social services districts (LSSD) has included them in its Child and Family Services Plan

THIS APPLICATION IS USED TO APPLY ONLY FOR CHILD CARE ASSISTANCE AS A CATEGORY 2 OR 3 FAMILY

If you are applying only for category 2 or 3 Child Care Assistance, you can use this shorter application. If you want to apply for other benefits such as Public Assistance, Supplemental Nutrition Assistance Program (Food Stamps), Home Energy Assistance, Medicaid or other services, including category 1 Child Care Assistance, please ask for the *New York State Application for Certain Benefits and Services, LDSS-2921*.

By submitting the *Application for Child Care Assistance* instead of the *New York State Application for Certain Benefits and Services, LDSS-2921* you are applying for Child Care Assistance only in categories 2 and 3, i.e., when funds are available. You are not applying in category 1, guaranteed child care.

APPLYING FOR CHILD CARE ASSISTANCE

- You can file an application the same day you receive it. If you are eligible, benefits may be provided back to the date you filed your application.
- You can file your application in person, by mail, or other electronic means as approved by the Office of Children and Family Services (OCFS).
- We will accept your application if it contains, at a minimum, your name, address, and a signature. However, the application must be completed for us to determine your eligibility.

HOW TO COMPLETE THE APPLICATION

- COMPLETE each section not listed as optional.
- Please PRINT clearly.
- DO NOT PRINT IN THE SHADED AREAS.
- If you are applying as someone's representative, please print information about that person.

WHERE TO TURN IN THE APPLICATION

- The LSSD of the county that you live in.

Make sure you have been given copies of:

- **LDSS-4148A**, *What You Should Know About Your Rights and Responsibilities*
- **LDSS-4148B**, *What You Should Know About Social Services Programs*
- **LDSS-4148C**, *What You Should Know If You Have an Emergency*

These booklets contain important information about your rights and responsibilities.

IF YOU WANT TO WITHDRAW YOUR APPLICATION

- Submit a signed, written request to the LSSD where you applied. You may reapply anytime.

PAGE 1 OF THE APPLICATION**SECTION 1. APPLICANT'S INFORMATION**

- **NAME:** PRINT your legal name, including your first name, middle initial, and last name. Include any aliases or maiden names.
- **PHONE NUMBER:** PRINT your phone number, including area code.
- **STREET ADDRESS:** PRINT the full street address, including apartment, city, state, and zip code, where you **now** live.
- **MAILING ADDRESS:** If you get your mail somewhere other than where you live, PRINT that address here.
- **FORMER ADDRESS:** If you have moved in the last year, PRINT your previous address(es). If you need more space, use section 10 on page 4 or attach additional sheets of paper as needed.
- **OTHER PHONE NUMBERS:** If you can be reached at another phone number, PRINT that phone number here.
- **MARITAL STATUS:** Check the box that describes your current legal marital status.
- **PRIMARY LANGUAGE:** What language is spoken most often in your household? Check the box that applies. If "other," PRINT the name of the language.
- **EMAIL:** If you can be reached by email, PRINT your email address.

SECTION 2. HOUSEHOLD MEMBER INFORMATION**LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.**

- **NAME:** PRINT your name first, then the names of the other people who live with you. Include aliases and maiden names.
- **DATE OF BIRTH:** PRINT each person's date of birth.
- **SEX AND GENDER IDENTITY:** New York State ensures your right to access state benefits and/or services regardless of sex, gender identity, or expression. Please report the required information regarding your sex and the sex of all household members as male or female, consistent with the sex designation currently on file with the United States Social Security Administration. Gender identity is how you perceive yourself and what you call yourself. Your gender identity can be the same as or different from your sex assigned at birth. Although reporting your sex is necessary, gender identity is not a requirement for this application. If you choose to enter your gender identity, only identify your own and not the other members of your household. If your gender identity is different than the sex you reported and you would like to provide your gender identity, print "Male," "Female," "Non-Binary," "X," "Transgender," or "Different Identity" in the space provided. If you print "Different Identity," you may choose to describe your gender identity further in the space provided. Providing information regarding your gender identity is voluntary and will not affect the eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **RELATIONSHIP:** PRINT each person's relationship to you (for example: spouse, biological child, foster child, friend, significant other, roomer, boarder, etc.).

FOR EVERY PERSON LISTED ON THE APPLICATION, COMPLETE THE FOLLOWING:

Those considered for the application are the children in need of care, their parents (including stepparents) and siblings under the age of 18 in the household.

- **SOCIAL SECURITY NUMBER:** You may, but do not have to, list Social Security numbers. Social Security numbers may be used by federal, state, and local agencies to prevent duplication of services, prevent and detect fraud, and for federal reporting.
- **HISPANIC/LATINX:** Enter Y (Yes) or N (No) to indicate if each person applying is Hispanic or Latinx or not. Providing ethnicity information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.

SECTION 2. HOUSEHOLD MEMBER INFORMATION continued

- **RACE:** Enter Y (Yes) or N (No) for each of the following race codes.
I - Native American or Alaskan Native, **A** - Asian, **B** - Black or African American, **P** - Native Hawaiian or Pacific Islander, **W** – White
 Providing race information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **CHILD CARE NEEDS:** Enter Y (Yes) or N (No) to tell us whether each child needs child care.

FOR EVERY CHILD IN THE HOUSEHOLD WHO NEEDS CHILD CARE, ALSO ANSWER YES OR NO FOR THE FOLLOWING:

- **CHILD IS U.S. CITIZEN/ NATIONAL/HAS SATISFACTORY IMMIGRATION STATUS:** Enter Y (Yes) or N (No) to tell us whether each child who needs Child Care Assistance is a *United States citizen, United States national, or person with satisfactory immigration status*. The citizenship or immigration status of the child's parent or other household members will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **CHILD WITH SPECIAL NEEDS:** Enter Y (Yes) or N (No) to tell us whether each child has special needs or not. A child with special needs means a child who is incapable of caring for himself or herself and who has been diagnosed by a physician, licensed or certified psychologist or other professional with the appropriate credentials to make such a diagnosis, as having one or more of the following conditions to such a degree that special education or related services are required, in accordance with section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401), part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794)
 - deafness or other hearing impairment
 - speech or language impairment
 - visual impairment
 - emotional disturbance
 - orthopedic impairment
 - autism
 - deaf blindness
 - traumatic brain injury
 - other health impairment
 - learning disability
 - intellectual disability
 - health impairment
 - multiple disabilities
- **BOTH PARENTS IN HOME:** Enter Y (Yes) or N (No) to tell us whether both parents of each child live in the household (enter Y/N for each child).

PAGE 2 OF THE APPLICATION**SECTION 3. OTHER HOUSEHOLD INFORMATION**

The questions in the section apply to the applicant **AND** any other adult household members who are applying for Child Care Assistance with you — that means a spouse who lives with you, an adult who lives with you and with whom you have at least one child in common, or a parent who is considered temporarily absent from the household, who are required to contribute to the needs of the household.

CHECK YES OR NO FOR EACH OF THE FOLLOWING:

- **CHILD CARE FOR WORK:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care so that you can work.

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- **CHILD CARE FOR OTHER REASON:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care for a reason other than work. If yes, what is the reason?
- **HOMELESS:** Check (✓) Yes or No to tell us whether your family has a fixed, regular, adequate place to stay at night.
- **MILITARY:** Check (✓) Yes or No to tell us whether a parent in the household is on active duty, serving full-time in the U.S. Military.
- **MILITARY RESERVE:** Check (✓) Yes or No to tell us whether a parent in the household is a member of a National Guard or Military Reserve unit.
- **PUBLIC ASSISTANCE:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for Public Assistance (PA).
- **OTHER CHILD CARE FUNDS:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for other help paying for child care.
- **PREGNANT:** Check (✓) Yes or No to tell us whether you and/or the second applicant are pregnant. If yes, what is the due date?

SECTION 4. ABSENT PARENT INFORMATION

- **PRINT** the names of children under the age of 19 for whom you are applying for Child Care Assistance and whose parent does not live in your household.
- **PRINT** the names and addresses of the absent parents, such as a non-custodial parent.
- **CHECK (✓)** Yes or No to tell us whether the absent parent is available to provide child care. If they are not available, tell us the reason (such as, working, rehab, jail, court order etc.).
- **CHECK (✓)** Yes or No to tell us whether there is a court order, visitation agreement, or any other circumstances that exist that would indicate that it would not be in the best interests of the child or the custodial parent to have the non-custodial parent provide child supervision at the needed time.

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

- **EMPLOYER INFORMATION:** PRINT the name, address, and phone number of where you work.
- **JOB INFORMATION:** Complete this section about your job: When did you start? If you are paid per hour, how much is your hourly wage? Does your schedule vary? Do you work overtime? What is your schedule?

SECTION 6. OTHER EMPLOYMENT INFORMATION

- **WHOSE JOB INFORMATION?** Indicate whether the employment information here is for the applicant's second job or the spouse's job (if they live in the household) or the other parent's job (if the other parent lives in the household).
- **EMPLOYER INFORMATION:** PRINT the name, address, and phone number of the job.
- **JOB INFORMATION:** Complete this section about the job: When did the job start? Does the schedule vary? Does the job require overtime? What is the schedule?

PAGE 3 OF THE APPLICATION**SECTION 7. INCOME INFORMATION**

- Check (✓) Yes or No for yourself and anyone who lives with you for each kind of income.
- For each "Yes" answer, PRINT the dollar (\$) amount or value, how often it is received, and the name of the person who receives the income.
- **All income for all household members must be reported on the application.**

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE LOCATION AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY

- **DROP-OFF TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from the child care provider to work, an educational or other approved activity after dropping the child off for care. Check Yes or No to indicate whether public transportation is used.
- **PICKUP TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from work, an educational or other approved activity to the child care provider for pickup. Check Yes or No to indicate whether public transportation is used.

PAGE 3 OF THE APPLICATION continued**SECTION 9. CHILD CARE PROVIDER INFORMATION**

- **PRINT** the names and addresses of all child care providers that you are currently using or plan to use for each child in child care.
- **CHECK** (✓) Yes or No to tell us whether the child(ren) are already enrolled with the provider.

SECTION 10. CHILD'S SCHOOL INFORMATION

- **PRINT** the names and addresses of all schools that your children attend for each child in child care.
- **Indicate** the hours of operation for the school program that the child attends. For example, 8:45 a.m. to 2:45 p.m. Do not include the hours that the child attends an after-school child care program, even if that program is run in the school.

PAGE 4 OF THE APPLICATION**SECTION 11. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW**

READ THIS SECTION CAREFULLY or have someone read it to you. This section contains important information about your rights and responsibilities relative to receiving assistance. By signing and submitting an application, you indicate that you understand and agree to the statements in this section.

SECTION 12. CERTIFICATION AND SIGNATURE

- **SIGNATURE:** SIGN your name and date. *If you have filled out the application for someone else, sign your own name.* If submitting the form by other electronic means as approved by OCFS, an electronic signature (e-signature) is acceptable.
- **SECOND APPLICANT'S SIGNATURE:** If your spouse lives with you, **both** of you **must** sign the application. If an adult with whom you have at least one child in common lives with you, **both** of you **must** sign the application.

NOTE: The last page of the *Application for Child Care Assistance* is an application to register to vote. If you would like help filling out the voter registration application form, ask your eligibility examiner. Applying to register or declining to register to vote will not affect your eligibility for child care assistance or the amount of assistance that you will be given by this agency.