

4CS OF PASSAIC COUNTY

New Jersey Child Care Subsidy Application Checklist for Applicant and Co-Applicant

New Client(s): 30 Hours per week working schedule (CCAP, PACC and KINSHIP)

Kinship clients over 60 years old are not required to work but they are required to submit their income information

Wrap Around Program and CCVC Vouchers: 25 Hours

Upon Redetermination: 25 Hours per week working schedule.

OR

20 Hours of Training per week.

OR

12 College credit per semester (no online classes will be accepted)

OR

Part-time **Employment** and Part-Time **School/Training** (Equivalent to Full-Time 30 Hours per week) (submit required documents listed below)

PTCC subsidy -25 Hours weekly (Only working clients will qualify)

If client is working, please attach most current:

* **4 paystubs: if paid weekly** (all paystubs must show hours and must be consecutive) = Total 52 weeks.

* **2 paystubs: if paid bi-weekly** (all paystubs must show hours and must be consecutive) = Total 26 weeks.

* **2 paystubs: if paid semi-monthly [or twice per month]** (all paystubs must show hours and must be consecutive) = Total 24 weeks.

* **If paystubs does not indicate the hours an employer letter on letterhead signed and dated will be required stating hours worked per week**

* **New Employees Only:** Employer letter on letterhead or Income Verification Form with rate of pay, hours worked per week, employer contact information and start date. Letters must be signed and dated. (If approved, for subsidy applicant/co-applicant will be required to follow up with paystubs that needs to be submitted within 60 days from hiring date).

* **Self-Employed Only,** Submit IRS Tax Transcript of Form 1040, Schedule C "Profit or Loss from Business"

If client is attending School/Training

* Client must submit School/Training schedule documenting classroom credit hours

OR

Letter from School/Training written on original letterhead (sign and dated) indicating your start date, expected date of graduation and hours.

1. This letter must state how many hours client attend per week.

2. Name of contact person, address and telephone number at the school.

Income must meet the eligibility guidelines:

* New Application & Wrap Application 200% of the federal poverty index.

* Redetermination Application & CCVC SLOT 250% of the federal poverty index.

* Kinship 350% of the federal poverty index. If grandparent over 60 years of age and permanent disabled 500% of the federal poverty index. (Need proof of permanent disability)

* If client resides with your child/children's father, mother ,spouse or life partner; The co-applicant must be added on the application and submit their income or proof of schooling.

Verification of Unearned Income

Sources of unearned income include but are not limited to: Unemployment income, Child Support, Alimony, SSI, SSDI, Pensions, Retirement, Work compensation and TANF cash assistance.

Acceptable Forms of Verification include:

a) Program award/benefit letter b) Court decree c) Child support Web portal payment history(last 6 months)

Declaration/written statement from applicants who do not have a court order for child support. Notarized declaration for applicants receiving payments based on a verbal agreement.

You must submit Birth Certificates for all children in your household and the Social Security Card for child (ren) in need of care.

If your child(ren) were born outside the US you must submit their resident alien card.

Child with Disability: Submit "Child with a Disability Verification Form" and or Individualized Education Program (IEP) Form

Client with an EBT or Food Stamp card, must submit card number in order to link child care subsidy

REVISED ON 08/15/2016



Child Care and Early Education Service Eligibility Application



STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

Applicant Instructions for Completing the Child Care Eligibility Form

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

► INSTRUCTIONS FOR COMPLETING SECTION A

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

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

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

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

► INSTRUCTIONS FOR COMPLETING SECTION B

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

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

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

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

► INSTRUCTIONS FOR COMPLETING SECTION C

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

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

► INSTRUCTIONS FOR COMPLETING SECTION D

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

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

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

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

► INSTRUCTIONS FOR COMPLETING SECTION E

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

► INSTRUCTIONS FOR COMPLETING SECTION F

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



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

The Child Care Resource and Referral Agency located in the county where you live. A list can be found at:
<http://www.state.nj.us/humanservices/dfd/programs/child/ccrr/>

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: _____

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

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

B Family Income Information Attach Original Proof of Income - Most Recent Four Consecutive Weeks

Information is not required for DYFS-paid caregivers. Payments for DYFS children in out of home placement does not count as income.

<p><i>For each source, enter income information either by week, bi-weekly, month or year. Include child support and/or alimony.</i></p> <p>1. Wages and Salary (gross):</p> <p>2. Pensions, Retirement:</p> <p>3. Supplemental/Social Security Benefits:</p> <p>4. Unemployment, Workmen's Compensation:</p> <p>5. TANF Cash Assistance:</p> <p>6. Child Support/Alimony:</p> <p>7. Other: _____</p> <p>8. TOTAL GROSS INCOME:</p>	<p>PARENT/CO-APPLICANT <i>List gross income for current:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>WEEK</th> <th>2 WEEKS</th> <th>MONTH</th> <th>YEAR</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	WEEK	2 WEEKS	MONTH	YEAR																					<p>PARENT/CO-APPLICANT <i>List gross income for current:</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>WEEK</th> <th>2 WEEKS</th> <th>MONTH</th> <th>YEAR</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	WEEK	2 WEEKS	MONTH	YEAR																				
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C Work/School/Training Information Proof of Current School Registration Must Be Attached

<p>Name of PRIMARY Work/School/Training Site:</p> <p>Complete Address (Street, City, State, & Zip): _____ <i>(If applicable, enter "Self-Employed")</i></p> <p>Telephone Number: () _____</p> <p>Check One: Enter Starting Date (Mo/Dy/Yr): <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training</p> <p style="margin-left: 40px;">Start Date _____ / _____ / _____</p> <p>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</p> <p style="margin-left: 40px;"><input type="checkbox"/> Seasonal Employment _____ # Mos/Yr</p>	<p>PARENT/CO-APPLICANT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>										<p>PARENT/CO-APPLICANT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>									
<p>Name of SECONDARY Work/School/Training Site:</p> <p>Complete Address (Street, City, State, & Zip): _____</p> <p>Telephone Number: () _____</p> <p>Check One: Enter Starting Date (Mo/Dy/Yr): <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training</p> <p style="margin-left: 40px;">Start Date _____ / _____ / _____</p> <p>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</p> <p style="margin-left: 40px;"><input type="checkbox"/> Seasonal Employment _____ # Mos/Yr</p>	<p>PARENT/CO-APPLICANT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>										<p>PARENT/CO-APPLICANT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>									

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:

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

Complete for Each Additional Child for Whom You Are Requesting Subsidy

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

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: _____



4CS OF PASSAIC COUNTY, INC.

Two Market Street, Paterson, NJ 07501 • Phone (973) 684-1904 • Fax (973) 684-0468

1. Is your child(ren) a citizen(s)?

Yes _____ Or No _____

2. Does your child (ren) have health insurance?

Yes _____ Or No _____

I understand that I must report any changes that may occur in my household within **10 days** of that change or I will be responsible for repaying any childcare financial assistance paid on my behalf.

Full name: _____

Signature: _____

Email address: _____

Date: _____

**Child Care and Early Education Service Eligibility
Parent Documentation and Verification Certification**

Employer's Letter

_____ Employer's letter was provided by my employer.

Family Income Information

_____ I reported and submitted all the income information that I receive. This includes SSI, Supplemental, Child Support, or any other unearned income.

Family Household Size

_____ My family size unit only includes the number of adults and children as stated on my application.

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:

- * 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 the my spouse or another parent/guardian is living in the household.

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.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment and may be terminated from the child care subsidy program.

Print Applicant's Name

Print Co-Applicant's Name

Signature

Signature

Date: _____



**ACKNOWLEDGEMENT OF CHILD CARE POLICY REGARDING
DISQUALIFICATION OF SERVICES FOR PARENTS**

I acknowledge receipt of the State of New Jersey Child Care Policy for Disqualification of Services for Parents dated 7/7/14 DFDI 14/07/01 from 4CS of Passaic County Inc. I have read the Disqualification Policy and understand my rights and responsibilities for the subsidy programs I am participating in.

Parent Signature

Date

Parent Signature

Date

Print Name

Print Name

Return signed acknowledgement to 4CS with completed Subsidy application.

CHILD CARE POLICY REGARDING DISQUALIFICATION OF SERVICES FOR PARENTS- STATE OF NJ INSTRUCTION DATED 07/07/14

Parents/applicants are required, at all times, to comply with New Jersey's subsidized child care program regulations and policies.

Any type of program violation will subject a parent/applicant to penalties that may include disqualification, termination, denial at time of application or reapplication, criminal investigation and/or recoupment of payment, if the parent/applicant is found by the CCR&R or DHS/DFD to be in violation of New Jersey's subsidized child care program regulations and policies.

DISQUALIFICATION PROCESS

A case of program violation can be brought to the Department of Human Services, Division of Family Development's (DFD) and/or CCR&R's attention through a variety of means, such as a phone call, letter, e-mail, newspaper article, television news broadcast, personal knowledge, or state databases used during the normal applicant eligibility determination and redetermination process. The CCR&R will then conduct an investigation to determine whether or not the program violation is substantiated. The CCR&R shall seek DFD guidance on cases in which clarification is required.

A substantiated case of program violation will result in the suspension or disqualification of child care subsidy and make the parent/applicant ineligible to apply/reapply for and/or receive subsidized child care for a specified period of time depending upon the number and type of violations. A parent or applicant may appeal the decision to suspend or terminate the child care subsidy.

The steps to take to suspend or disqualify a parent/applicant child care subsidy for various violations are outlined below.

General program violations that may result in suspension or disqualification include but are not limited to the following:

- (1) Failure to report within ten (10) calendar days any change in family size/composition, family income or any other **circumstances that change eligibility**, such as work/school/training status or income that exceeds program specific Federal Poverty Level (FPL) requirements, etc.
- (2) Failure to accurately report all sources of income. Examples include, but are not limited to, not reporting multiple sources of income (multiple employers), or an increase or decrease in wage/salary, child support payments, or alimony, unemployment, workman's compensation, pension, supplemental security income (SSI), social security disability income (SSDI), survivor benefits or any other income.
- (3) Failure to accurately report the amount of income. Examples include, but are not limited to, not reporting the accurate amount(s) of income from self-employment, rent from property ownership, or changing or altering pay stub information.
- (4) Failure to accurately report the number of household members who are required to be counted to determine family or household composition. Examples include, but are not limited to, failing to report that a spouse or another parent/guardian is living in the household.

ECC – Program Violation

Failure to comply with the E-Child Care Parent/Provider Responsibilities and Agreement may result in a warning notice, suspension or disqualification.

PENALTIES/PROCEDURES

Warning Notice

Upon evidence of an E-Child Care program violation, the CCR&R has seven (7) calendar days to send a warning letter (see attached) to the parents and offer training. CCR&Rs are required to provide written notification of parental warning to providers. For WFNJ cases, copies of all notices must also be sent to the County Welfare Agency (CWA). The parent/applicant will have up to two weeks (14 days) from the date of the warning letter to attend training and remedy the action by demonstrating consistent use of ECC. To document compliance or noncompliance, the CCR&Rs must print out the transaction report for that two-week period once the 14-day back swipe period has closed.

General Program and ECC Violations Penalties

Warning Notice

Upon evidence and/or notification of a program violation, the CCR&R has seven (7) calendar days to send a warning letter (see attached) to the parents/guardians. CCR&Rs are responsible for taking the necessary action to determine if the parent/guardian remains eligible and if repayment of funds is required.

First Violation (except fraud) – One (1) month disqualification

Upon completion of the one month disqualification, if the case is eligible, redetermination rules will apply. The eligibility threshold is 250% of the Federal Poverty Level (FPL) or below (350%-500% FPL for Kinship). WFNJ cases will require written notice to the CWA and verification that the CWA was informed of the disqualification.

Second Violation (except fraud) –Three (3) months disqualification

Upon completion of the three month disqualification, if the case is eligible, redetermination rules will apply. The redetermination eligibility threshold is 250% FPL or below (350%-500% FPL for Kinship). WFNJ cases will require written notice to the CWA and verification that the CWA was informed of the disqualification.

Third Violation and/or Fraud – Termination for up to twelve (12) months and/or permanent disqualification

If the violation has not resulted in permanent disqualification, parent could be subject to up to a twelve (12) month termination, after which the parent/applicant must reapply with the eligibility threshold being at 200% FPL or below.

Fraud or program violations that may be subject to up to a twelve (12) month termination include the following:

- (1) Failure to provide, or provision of, false or misleading or deliberate misrepresentation of, required information in connection with a new application or current child care subsidy case. (This may also result in the denial of any subsidy, 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.)
- (2) Reporting child(ren) present in attendance when child(ren) were not in attendance.
- (3) Repeated misuse of the ECC card resulting in multiple violations.
- (4) Repeated general program violation resulting in multiple violations.

WFNJ cases will require written notice to the CWA and verification that the CWA was informed of the termination for up to twelve (12) months.

Appeal Procedures:

It is the right of every parent who receives a disqualification notice from the CCR&R to request a review of his/her case by the CCR&R and/or DFD. The CCR&R must inform the parent of his/her right to request a review. A timely request must be made within ten (10) days of the date of the disqualification notice. See information on appeal rights below:

CHILD CARE PROGRAM APPEAL RIGHTS

1. Case review conducted by the county CCR&R Agency

In the event you wish to have the action or amount in question reviewed by the county CCR&R responsible for the decision, you must make this request in writing within ten (10) days of the effective date of the adverse decision. Requests should be addressed to the agency on the front side of this notice.

You will be notified of the date and time of the review and you may appear with or without legal representation or may be represented by a friend or other spokesperson. Only those persons directly involved with the issue will be permitted to attend any review proceedings. You will also be given an opportunity to view all pertinent documents prior to the review date.

2. Administrative review conducted by the Division of Family Development

You may also have an adverse decision reviewed by the Division of Family Development (DFD) in place of, or in addition to, the case review conducted by the county CCR&R. A request for an administrative review from DFD may be made by calling the Bureau of Administrative Review and Appeals (BARA) at 1-800-792-9774.

You will be required to submit the following to BARA:

- A written statement indicating the request for a review and the reason for your disagreement;
- All documents verifying eligibility and justifying your case;
- Any other relevant documents which you believe the county CCR&R or child care provider may not have considered.

This DFD review must be requested within 90 days of the date of the original notice of adverse action. All materials should be mailed to BARA at:

Bureau of Administrative Review and Appeals
Division of Family Development
P.O. Box 716
Trenton, NJ 08625-0716

Finding Quality Child Care

Finding a Quality Child Care or Early Learning Program

Research shows that children who are in quality child care and early learning programs when they are young are better prepared for kindergarten with better reading skills, more math skills and larger vocabularies.

Grow NJ Kids, New Jersey's Quality Rating Improvement System, is working to raise the quality of child care and early learning across the state of New Jersey.

For parents, it provides information on selecting a quality provider to help them make the most of their kids' early learning opportunities.

For child care and early learning programs, it provides resources that help them raise their quality and continuously improve their program.

There are many types of child care or early learning programs to choose from. Some are in a school, others in a child care center or in someone's home.



Home Based Settings:

Family Child Care

This type of care is provided in someone's home. In New Jersey, a provider can care for no more than five children, plus a maximum of three of their own children. Home providers can choose to be registered, which means they meet the basic safety and programs requirements established by state law. This registration also allows these in-home providers to accept payments from families participating in government-subsidized child care assistance programs.

In-Home Care

In this type of care, a person comes to your home to care for your child. This provider might offer other services such as light housekeeping, starting or making dinner or driving your child to lessons or play dates. Although you may use an agency to find such a provider, they are neither regulated nor licensed by the state and cannot participate in Grow NJ Kids.

Center- and School-Based Settings:

Child Care Centers

Licensed by the state of New Jersey, these facilities are inspected every two years and must meet basic health, safety, program and staffing requirements. They can care for six or more children from the age of 6 weeks to 13 years. There are many types of licensed child care centers, including but not limited to infant/toddler programs, early care and education programs and school-age programs. Licensed centers also may choose to meet more rigorous, research-based or accreditation standards. (There also are license-exempt centers, such as programs that are part of a public school district or private school.)

Head Start & Early Head Start

Head Start and Early Head Start programs support the mental, social and emotional development of children from birth to age 5. In addition to education services, programs provide children and their families with health, nutrition, social and other services.

School District Preschool Programs

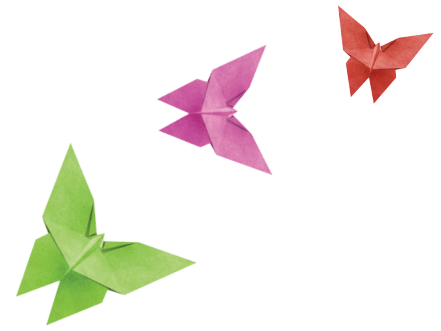
School districts provide research-based preschool programs for 3- and 4-year-olds, that may be located within a school district site, a private provider or a local Head Start agency.

Special Services School Districts

These districts provide options for preschool students with special needs and were developed to address the educational and developmental needs of children ages 3-5. Typically, these districts are comprised of three types of classes: classes that educate 4-year-old students who have special needs in the same classroom as those students who do not have special needs; preschool classes for students with Individualized Educational Programs and the need for smaller groups sizes and more individualized programming; and classes with highly specialized instruction for students with autism and students with hearing impairments.



When visiting a child care or early learning program, there are questions you can ask to help you determine which program is best for your child and family. These questions are based on indicators of quality that are embedded in the Grow NJ Kids standards.



Safe, Healthy Learning Environment

- Is there regular communication between program staff/teachers and parents? How is the information communicated (email, phone calls, letters sent home with child)?
- Is the space clean?
- Do you see staff and children washing their hands before and after meals and diapering? Is the facility safe and secure?
- Is the outdoor play space safe, clean, free of litter and broken glass?
- What meals are provided by the program? Are children allowed to bring their own food for religious or dietary reasons?
- Does the program have an oral health or a tooth brushing policy?
- Does the program check the children's eyes, hearing, teeth, and growth by providing screenings?
- Does the program support breastfeeding (breast milk storage/place to breastfeed)?
- Are children of different ages cared for together or are they grouped by age?
- How are children supervised during different situations (sleep or outside play)?

Curriculum and Learning Environment

- How many children will be in your child's class/group? What are the ages of the children in the classroom/home?
- Is there a daily schedule?
- Does the daily schedule incorporate both indoor and outdoor play opportunities?
- Do you observe positive, warm and nurturing teacher-child interactions and conversations while in the classroom/home?
- Do you see children interacting with each other?
- Do the children have access to books and other materials?
- Are the children read to each day?
- Does the program use a research-based curriculum (age appropriate for infants and young children)?
- Are children given "free play" time (For example, are children allowed to choose the book they'd like to read or what activity they'd like to do)?

Family and Community Engagement

- Does the program have an open door policy? Are parents allowed to visit at any time?
- Does the program make community resources (events, information regarding services) available to families?
- Does the program embrace your child's home language in the classroom/home and/or in the materials being used?
- Does the program share information about activities/lessons being worked on so parents can reinforce at home? For infants, is there a daily log?

- Does the program have opportunities for parents to volunteer in the classroom/home?
- Does the program offer parent workshops?
- Does the program have a parent council or parent group?

Workforce/Professional Development

- What is the education level of the staff?
- How long have the staff been employed with the program?
- What types of trainings do staff attend each year?
- How many staff have received Cardio Pulmonary Resuscitation (CPR) and First Aid training?
- If the program uses a research-based curriculum, have the staff had formal curriculum training?

Administration and Management

- Does the program have a current child care license or family child care registration? (If applicable, as some school district programs are not required to have a child care license.)
- What is the tuition/cost? Other fees?
- Does the program have a parent handbook that outlines policies and procedures including child illness/sickness, emergencies, discipline?
- Is the program director on site during operating hours?
- What is the daily child check-in and check-out policy when dropping off and picking up your child?
- Is the program enrolled in Grow NJ Kids?

