

NJ CHILD CARE SUBSIDY PROGRAM

Documentation Checklist Continued

CHILD CITIZENSHIP STATUS

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

- | | |
|---|--|
| <input type="checkbox"/> U.S. Birth Certificate | <input type="checkbox"/> Permanent Resident Card (Green Card) |
| <input type="checkbox"/> Certificate of Citizenship | <input type="checkbox"/> USCIS Form I-551 (Alien Registration Card) |
| <input type="checkbox"/> U.S. Passport or Passport Card | <input type="checkbox"/> Refugee Travel Document (Form I-571) |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> USCIS/INS Form I-94 stamped "Refugee", "Parolee", "Asylee", or "Notice of Action" |

INCOME

INCOME FROM EMPLOYMENT:

- Must provide current one month's worth of current pay stubs (e.g. 4 weekly, 2 biweekly, etc.)

NEW EMPLOYMENT ONLY: If paystubs are not available

- Employer letter on company letterhead (signed/dated) Must include rate of pay, hours worked per week, employer contact information, and first date of employment; or
- DFD "Verification of Employment" Form
If approved for subsidy, applicant/co-applicant will be required to follow up with pay stubs.

- SELF-EMPLOYED ONLY:** Submit Current IRS Tax Transcript of Form 1040 Schedule C, "Profit or Loss from Business"

- UNABLE TO WORK or INCAPACITATED:** DFD "Parent Incapacitation Verification" Form

OTHER INCOME OR BENEFITS TO FAMILY UNIT:

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

- Unemployment documentation
- Pension documentation
- Worker's Compensation
- Social Security award letter
- Retirement/Pension
- Spousal Support/Alimony
- Veterans/Military Benefits
- Disability Benefits
- Child Support – minimum of 6 months of Payment/Disbursement History
(Note: If child support or alimony is not court ordered, write the amount you receive monthly in Section C of the application)
- Any other income required for federal/state tax reporting purposes

SCHOOL/TRAINING

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

- SCHOOL:** Detailed school schedule naming the school and the student, including days and hours attending, credits, start and end date
- TRAINING PROGRAM:** Letter on Program letterhead (signed/dated) indicating name of program, start and end date and weekly schedule



State of New Jersey
DEPARTMENT OF HUMAN SERVICES

2018-2019

**INCOME ELIGIBILITY SCHEDULES
FOR PUBLICLY SUBSIDIZED
CHILD CARE ASSISTANCE or SERVICES**

EE: 3/1/18 - All Other

Family Size	Federal Head Start Program*		Income Eligibility for the Child Care Assistance Program and Other Selected Child Care Programs Including Preschool Wrap Around Child Care Administered through the New Jersey Department of Human Services				State Funded Kinship Child Care Services	
	Maximum Allowable Annual Family Gross Income	Represents 100% of the 2018 Federal Poverty Index	Maximum Allowable Annual Gross Family Income for Entry Level and/or Initial Eligibility	Maximum Allowable Annual Gross Family Income At Redetermination	Maximum Allowable Annual Gross Family Income Prior to Exit	Maximum Allowable Annual Gross Family Income for Eligibility for Clients Under Age 60	Maximum Allowable Annual Gross Family Income for Eligibility for Clients Over Age 60	
1	\$12,140	\$18,210	\$21,245	\$24,280	\$30,350	\$53,493	\$42,490	\$60,700
2	\$16,460	\$24,690	\$28,805	\$32,920	\$41,150	\$64,009	\$57,610	\$82,300
3	\$20,780	\$31,170	\$36,365	\$41,560	\$51,950	\$79,608	\$72,730	\$103,900
4	\$25,100	\$37,650	\$43,925	\$50,200	\$62,750	\$97,653	\$87,850	\$125,500
5	\$29,420	\$44,130	\$51,485	\$58,840	\$73,550	\$104,793	\$102,970	\$147,100
6	\$33,740	\$50,610	\$59,045	\$67,480	\$84,350	\$111,933	\$118,090	\$168,700
7	\$38,060	\$57,090	\$66,605	\$76,120	\$95,150	\$119,073	\$133,210	\$190,300
8	\$42,380	\$63,570	\$74,165	\$84,760	\$105,950	\$126,213	\$148,330	\$211,900
9	\$46,700	\$70,050	\$81,725	\$93,400	\$116,750	\$133,353	\$163,450	\$233,500
10	\$51,020	\$76,530	\$89,285	\$102,040	\$127,550	\$140,493	\$178,570	\$255,100
11	\$55,340	\$83,010	\$96,845	\$110,680	\$138,350	\$147,633	\$193,690	\$276,700
12	\$59,660	\$89,490	\$104,405	\$119,320	\$149,150	\$154,773	\$208,810	\$298,300
For each additional family member add:	\$4,320	\$6,480	\$7,560	\$8,640	\$10,800	\$7,140	\$15,120	\$21,600

Note: Tier E represents the one-time Grandfathered Phase-Out period of child care assistance that may be utilized for one year.

Source: Annual Updates of the HHS Poverty Guidelines, Federal Register, Vol. 83, No. 12, Thursday, January 18, 2018, Page 2642

Source: Census Bureau Median Family Income by Family Size, Department of Justice, Cases Filed as of November 1, 2017, <https://www.justice.gov/>



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.

For each source, enter income information either by week, bi-weekly, month or year. Include child support and/or alimony.	PARENT/CO-APPLICANT List gross income for current:				PARENT/CO-APPLICANT List gross income for current:			
	WEEK	2 WEEKS	MONTH	YEAR	WEEK	2 WEEKS	MONTH	YEAR
1. Wages and Salary (gross):								
2. Pensions, Retirement:								
3. Supplemental/Social Security Benefits:								
4. Unemployment, Workmen's Compensation:								
5. TANF Cash Assistance:								
6. Child Support/Alimony:								
7. Other: _____								
8. TOTAL GROSS INCOME:								

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

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

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: ____/____/____

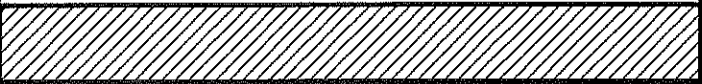
You May Be Required to Provide Additional Proof of Family Size, Income, Citizenship or Residency to Verify Eligibility. Supporting Documentation Required May Include Most Current IRS Form 1040, Utility Bill or Birth Certificate.



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	FULL NAME OF CHILD NO. 4	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____	(9 Digit Number) _____	(Mo./Dy./Yr.) ____/____/____
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	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) _____		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
5	FULL NAME OF CHILD NO. 5	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____	(9 Digit Number) _____	(Mo./Dy./Yr.) ____/____/____
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	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) _____		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
6	FULL NAME OF CHILD NO. 6	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____	(9 Digit Number) _____	(Mo./Dy./Yr.) ____/____/____
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	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) _____		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		
7	FULL NAME OF CHILD NO. 7	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____	(9 Digit Number) _____	(Mo./Dy./Yr.) ____/____/____
	<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
	RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White		
	ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
	Indicate the hour/days/duration for which child care is needed: _____		
	Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____		
	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) _____		
	AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending		
	DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____		
	Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____		

Child Care and Early Education Service Eligibility Application Certification*READ CAREFULLY BEFORE SIGNING*

I (we) hereby certify that all of the information provided is true and correct to the best of my (our) knowledge. I (we) know that submitting false information about my (our) situation, failing to give the necessary information or causing others to hold back information is against the law and may subject me (us) to prosecution. I (we) also understand that:

1. Acceptance of child care financial assistance is not for my (our) personal use or expenses and that federal, state and local public funds are and will be used as payment for costs that are directly associated with services rendered by a child care provider.
2. It is unlawful to obtain financial assistance for child care services by providing any false or misleading information, including but not limited to information about my eligibility and/or information that relates to child attendance for provider records, sign-in sheets or voucher payment forms. Examples of unlawful behavior include, but are not limited to:
 - Failing to accurately report all sources of my (our) income. Examples include, but are not limited to not reporting multiple sources of income, or an increase or decrease in wage/salary, child support payments, or alimony, or any other income.
 - Failing to accurately report the amount of my income. Examples include, but are not limited to reporting the accurate amount(s) of income from self-employment; rent from property ownership or changing or altering pay stub information.
 - Failing to accurately report the number of household members. Examples include, but are not limited to failing to report that my spouse or another parent/guardian is living in the household.
 - Pre-signing and dating voucher certification forms, sign-in sheets or other provider records used to track and verify child attendance.
 - Failing to accurately verify child attendance on voucher payment records/forms within the reporting timeframes.
3. This information is being given in connection with federal, state and local public funds and will be used through computer matching programs to confirm the accuracy of my (our) statements and verify my (our) income, resources and need for child care assistance, as warranted.
4. Providing the requested information, including the Social Security Numbers of Parent(s)/Applicant(s), is voluntary. Agency staff may use my (our) names and Social Security information with federal and state agencies and other sources deemed necessary for official examination. However, copies of birth certificates, social security and qualified alien resident cards, if applicable, are required for all children for whom subsidy services are being requested.
5. Failure to provide or deliberate misrepresentation of required information will result in the denial of my (our) application, termination of child care benefits to the family and referral to federal, state or local agencies for criminal or civil court action, garnishment of wages or tax intercept, as well as private claims collection agencies for claims action involving repayment and recovery of funds.
6. Providing false or misleading information in connection with my (our) application for child care financial assistance, and/or failing to report within ten days any change in my (our) family size or family income or any other circumstances that might change my (our) eligibility, such as work/school/training status, may result in the termination of my (our) child care subsidy and make me (us) ineligible to apply for and/or receive subsidized child care for a period of six months for the first violation; for a period of 12 months for a second violation; and permanent disqualification for the third violation.
7. If I receive financial assistance as a result of false or misleading information, I (we) may be responsible to repay the costs of child care and may be subject to a civil fine and possible criminal prosecution.
8. I (we) understand that in order to verify my (our) income and service need, an agency representative may need to contact my (our) employer(s). I (we) hereby authorize my (our) employer(s) to release information regarding my (our) income, pay scale, hours and schedule of work to the agency to which I am applying.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Unsigned applications cannot be processed. A copy of this document will be provided to you for your records.

DYFS USE ONLY

DYFS Case Manager Name and Number: _____ Date: _____

Note: _____

SAR has been completed; voucher payments for DYFS/CPS child care services are approved for the period ____ / ____ / ____ thru ____ / ____ / ____

DYFS Voucher Payment Authorization Signature: _____ Date: _____

CCR&R or CENTER-BASED CONTRACTED (CBC) PROVIDER USE ONLY:

Check One: Initial Application Re-determination Certification Date: ____ / ____ / ____

Family Size: _____ Annual Family Income: \$ _____

Family's Total Assessed Co-Payment, if applicable (Enter Amt. and Check One): \$ _____ WEEK MONTH

Check One: DENIED APPROVED PENDING

Staff Member Certification: _____ Date: _____

Note: _____

Name of CCR&R or CBC Provider: _____



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT

NJ CHILD CARE SUBSIDY PROGRAM

Application Addendum

All families receiving a subsidy through the NJ Child Care Subsidy Program must provide the following information:

Are your family assets worth more than \$1,000,000? No Yes

Note: Assets may include but are not limited to, personal bank accounts, business accounts, real estate, and personal property.

If the primary language spoken in your home is **not** English, please specify that language: _____

Is the Applicant:

On Full-Time Active Military Duty No Yes

In the National Guard/Military Reserve No Yes

Self-Employed No Yes

Is there a Co-Applicant? No Yes

If yes, are they:

On Full-Time Active Military Duty No Yes

In the National Guard/Military Reserve No Yes

Self-Employed No Yes

Are you homeless based on one or more of the following? No Yes

- Living in an emergency or transitional shelter.
- Staying in a motel, hotel, trailer park, or campground or sharing housing with other persons due to loss of housing, economic hardship, or similar reason.
- Living in a car, bus/train station, park, abandoned building.
- Living or sleeping in any public or private place that is not normally used as a residence or as a regular sleeping accommodation.
- Living in substandard housing (i.e. no electricity, running water, etc.).

I hereby certify that all of the information provided is true and correct to the best of my knowledge. I also acknowledge that submitting false or misleading information, intentionally omitting information or intentionally causing others to omit or fail to report information is cause for denial or termination from the child care program and I may be subject to all legal and equitable remedies.

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date

DISCRIMINATION

This program prohibits discrimination in determining eligibility for child care assistance.

If you believe you have been discriminated against by the New Jersey Child Care Subsidy Program because of race, color, disability, religion, national origin or another reason, you can contact:
Office of the Director, Division of Family Development, N.J. Department of Human Services, P.O. Box 716, Trenton, New Jersey 08625



4CS OF PASSAIC COUNTY, INC.

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

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

Employer's Letter

_____ Employer's letter was provided by employer

Family Income Information

_____ I reported and submitted all the income information that I receive. This includes SSI, Supplemental, Child Support, or any 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 no 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 of 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 by the child care subsidy program.

Print Applicant's Name

Print Co-applicant's Name

Signature

Signature

Date: _____



4CS OF PASSAIC COUNTY, INC.

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

1. Is your child a citizen?

Yes _____ or No _____

2. Does your child 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 may be responsible for repaying any money the 4CS paid for the care of my children.

Signature: _____ Date: _____

1. Es su hijo/a ciudadano de este país?

Si _____ o No _____

Tiene su niño (s) seguro medico?

Si _____ o No _____

Yo entiendo que cualquier cambio que pueda ocurrir en mi hogar, yo les notificare dentro de 10 dias. De no ser asi yo ser asi yo podria ser responsable en pagar el dinero que la agencia de 4CS ha pagado por el cuido de mes hijos/a.

Firme: _____ Fecha: _____



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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.

4CS OF PASSAIC COUNTY, INC.

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.

Finding Quality Child Care

Finding a Quality Child Care or Early Learning Program

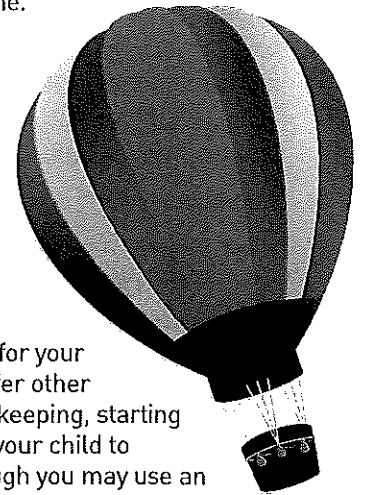
Research shows that children who are in quality child care and early learning programs when they are young are better prepared for kindergarten with better reading skills, more math skills and larger vocabularies.

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 group sizes and more individualized programming; and classes with highly specialized instruction for students with autism and students with hearing impairments.

