

**New Jersey Department of Human Services  
Division of Family Development  
Child Care Subsidy Program  
McKinney-Vento Homeless Assistance Act Intake Form**

Children of families that meet the McKinney-Vento Act definition for homelessness will be given a grace period up to six months to submit certain documentation that establishes program eligibility including proof of residence, income/employment records, and child birth/citizenship records.

☐ I am a Parent/Applicant    ☐ I am a Service Provider

Date: \_\_\_\_\_

Child Name:	Child's Date of Birth:	Child's SSN:
<b>You must complete a separate copy of this form for all additional children.</b>		
Applicant Name:		Co-Applicant Name:
Applicant Date of Birth:		Co-Applicant Date of Birth:
<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White
		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino

### HOUSING/LIVING STATUS

**Check the appropriate housing/living status for the above named child:**

<input type="checkbox"/> Shelter <input type="checkbox"/> Hotel/Motel/Campground <input type="checkbox"/> Transitional Housing Program: _____ <span style="font-size: small; margin-left: 150px;">Name of Program</span>	<input type="checkbox"/> Doubled up/Living at relatives' or friends' house <input type="checkbox"/> Train, bus station, park or in a car <input type="checkbox"/> Vacant apartment/building <input type="checkbox"/> Other: _____
<input type="checkbox"/> I have a mailing address (please add address below)	<input type="checkbox"/> I do not have a mailing address If you do not have a mailing address, would you like your e-Child Care/Families First Card to be mailed to the Child Care Resource and Referral Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Check all that apply:

- ☐ I do not have a job/I am not in school or a job training program  
☐ I work or go to school/training program part time. # of Credits: \_\_\_\_\_ # of Hours: \_\_\_\_\_  
☐ I do not have my Child's Birth Records/Birth Certificate and/or Social Security Card

### Parent/Applicant Certification

I understand that submitting this form will ensure that my application is accepted for review. I understand that within 45 days prior to the end of my grace period, I must submit the required documentation that was not provided at the time of application. I hereby certify that all of the information provided in this document is true and correct. I understand and know that submitting false or misleading information or failing to give the necessary information will result in termination and I will be subjected to recoupment of funding.

Parent/Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

### Service Provider Certification

I have completed the information above to the best of my knowledge on behalf of the parent/applicant listed on this form. I hereby certify that the above named parent/applicant is receiving services under my organization/agency and the above named child meets the definition for homelessness under the McKinney-Vento Homeless Assistance Act (42 USC 11431 et seq), Title VII, Subtitle B, Section 725(2).

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_



STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF FAMILY DEVELOPMENT  
OFFICE OF CHILD CARE

## MCKINNEY-VENTO SERVICE PROVIDER REFERRAL & AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant Name:	Date of Birth:	
Co-Applicant Name:	Date of Birth:	
<i>Use a copy of this form to provide information for additional children.</i>		
Child Name:	Date of Birth:	SSN:
Child Name:	Date of Birth:	SSN:
Current Address:		

*I, or my approved agent, ask that my information be shared only in the way this form describes.*

*I understand that:*

1. If I place my initials on the line in item 8(b), I consent to the release of information listed in 8(a).
2. I have the right to cancel this authorization at any time by writing to the Service Provider listed below. I understand that I may cancel this authorization except to the extent that information has already been shared based on this approval.
3. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a child care program, or eligibility for benefits will not be conditioned upon my authorization of this release.
4. Information disclosed under this authorization will be protected by federal or state law.
5. **THIS AUTHORIZATION DOES NOT ALLOW THE SERVICE PROVIDER OR ITS REPRESENTATIVES TO DISCUSS MY INFORMATION WITH ANYONE OTHER THAN THE CCR&R AGENCY SPECIFIED IN ITEM 7.**

<b>6. Name and address of entity to release this information:</b>	
<b>7. Name and address of person(s) to whom this information will be sent, discussed, and/or shared:</b>	
<b>8 (a). Specific information to be released if available:</b> <input type="checkbox"/> Child(ren) Social Security Number(s) <input type="checkbox"/> Child(ren) Age/Citizenship Documentation (i.e. Birth Certificate(s), Permanent Resident Card(s)) <input type="checkbox"/> Child(ren) Disability Documentation	
<b>(b). By initialing here _____, I authorize _____ to discuss my family's information with the Child Care Resource and Referral (CCR&amp;R) agency listed here:</b>	
<b>9. Reason for release of information:</b> <input type="checkbox"/> At request of individual: <input type="checkbox"/> Other:	<b>10. Date or event on which this approval will expire: 12 months from date of signature or 90 days after termination</b>
<b>11. If not the applicant, name of person signing form:</b>	<b>12. Authority to sign on behalf of applicant:</b>

Date

Client Name  
Client Address  
Client Address

**Re: New Jersey Child Care Subsidy Program  
McKinney-Vento Homeless Assistance Act  
Priority Service Approval Notice**

Dear Applicant/Parent:

You have been granted a grace period for up to six months of child care subsidy assistance because you meet the conditions of Title VII-B of the McKinney-Vento Homeless Assistance Act (42 USC 11431 et seq.). This means you are granted extended time so that you can obtain the required paperwork to determine eligibility for child care subsidy assistance.

Based on the information received, you will need to provide proof of the following missing information, no later than forty-five (45) days before your grace period ends:

- ☐ Parent Employment/School/Training
- ☐ Child Age
- ☐ Child Citizenship
- ☐ Residency
- ☐ Other: \_\_\_\_\_

It is very important that you contact us and submit the required documents. All required documents must be received in our office \_\_\_\_\_ (45 days prior to the grace period of service end date) to determine if your family is eligible for continued child care subsidy services. If you do not contact your CCR&R or submit your paperwork on time, you will lose your child care subsidy effective \_\_\_\_\_ (grace period of service end date) and this will affect our ability to determine if you qualify for continued child care subsidy assistance.

To help you understand what documents to submit, we included a copy of the documentation checklist, which you can also download by visiting visit: <http://www.ChildCareNJ.gov>.

If your family is in need of assistance or other supportive services or if you have additional questions, please contact our office right away (CCR&R CONTACT NUMBER).

CCR&R Agency Information

**Enclosed Forms**

- Documentation Checklist

# NJ CHILD CARE SUBSIDY PROGRAM

## Documentation Checklist

Below is a **general list** of required documents for each section of the Child Care Subsidy Program Application that must be submitted for **initial** eligibility consideration. Additional documents may also be required based on program requirements. Please contact and check with the Child Care Resource and Referral Agency (CCR&R) if you have questions or need assistance. You can reach your local CCR&R at 1-800-332-9227 or by visiting [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov).

### IDENTIFICATION

For each applicant/co-applicant, **submit one** of the documents from **Column A**. If you are unable to provide from **Column A**, you may **submit two** documents from **Column B**:

#### COLUMN A (PRIMARY DOCUMENTATION)

Submit one:

- ☐ Driver's License
- ☐ Government Issued Photo ID Card
- ☐ Military Photo ID Card
- ☐ Employer Issued Photo ID
- ☐ School Photo ID
- ☐ Passport
- ☐ Permanent Resident Card (Green Card)

OR

#### COLUMN B (SECONDARY DOCUMENTATION)

Submit two:

- ☐ High School Diploma, GED, or College Diploma
- ☐ Health Insurance Card or Prescription Card
- ☐ Printed Paystub
- ☐ Birth Certificate (applicant/co-applicant or child's)
- ☐ Social Security Card

### ADDRESS

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

- ☐ Current Rental/Lease Agreement or Mortgage Bill
- ☐ Court decree (if applicable)
- ☐ School records showing residence
- ☐ Custody Agreement or other court documents for guardianship
- ☐ Home utility bills
- ☐ Medical documentation
- ☐ Vehicle Registration or Title or NJ Driver's License
- ☐ Most recent filed tax forms showing dependency  
(For dependents 18+, must provide filed IRS 1040 Form)

*\*If you or your child are homeless and do not have a fixed address, please contact your CCR&R for assistance.*

### RELATIONSHIP AND HOUSEHOLD SIZE

For any child in need of child care services, submit the following to prove relationship:

- ☐ Child's Birth Certificate
- ☐ Court decree (if applicable)
- ☐ Custody Agreement or other court documents for guardianship (if applicable)

For each **dependent residing in the home** and included in the family size, **submit one** of the following to verify family size:

- ☐ Birth Certificate
- ☐ Court decree (if applicable)
- ☐ Custody Agreement or other court documents for guardianship (if applicable)
- ☐ Most recent filed tax forms showing dependency  
(For dependents 18+, must provide filed IRS 1040 Form)

# 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

DFD 10-17



**State of New Jersey**  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF FAMILY DEVELOPMENT  
OFFICE OF CHILD CARE OPERATIONS

**Child Care Subsidy Program  
McKinney-Vento Homeless Assistance Act  
Service Ending Notice**

From: (CCR&R Agency Address)

To: (Applicant/Co-Applclicant Name/Address)

CASE ID NO:

PROGRAM:

DATE: [notice sent 60 days prior to end date]

Dear Applicant/Co-applclicant:

This letter is to inform you that your child care subsidy services will end on \_\_\_\_\_.

On \_\_\_\_\_ you were granted up to six months of child care subsidy assistance because you met the conditions of Title VII-B of the McKinney-Vento Homeless Assistance Act (42 USC 11431 et seq.). This means that you were granted a grace period, extended time so that you can obtain the required paperwork to determine eligibility for child care subsidy assistance.

Child care payment on your behalf to your child care provider is scheduled to end on the above date. In order for us to determine if your family meet the requirements for continued child care subsidy assistance or help identifying other supportive services, please contact our office.

It is very important that you call the number listed below or have someone contact us right away to determine your family's child care needs.

\_\_\_\_\_  
(CCR&R Representative)

\_\_\_\_\_  
(Contact Number)

# **Child Care Assistance for Families Experiencing Homelessness**

## **Information for Child Care Providers**

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### **Overview**

Are you working with a family who is experiencing homelessness and needs help paying for child care? Here's what you need to know about homelessness and the New Jersey's Child Care Subsidy Program. A family who is experiencing homelessness has up to six-months to submit the required paperwork for their child care subsidy application. During this six-month period, a family can start receiving a child care subsidy while they establish eligibility and their application is processed.

### **What You Need to Know as a Child Care Provider**

As a child care provider, you are encouraged to immediately notify your Child Care Resource and Referral (CCR&R) Agency if you believe a family is experiencing homelessness so they can help eligible families obtain a child care subsidy – if they are not already receiving one. Subsidy applications from families who are homeless are prioritized and processed within 30 calendar days. If the child was in care before the subsidy application was made, payment can be authorized back to the date the application was submitted to the CCR&R. Without delaying child care services, the six-month grace period gives the family more time to collect and submit to the CCR&R paperwork that verifies:

- Parent Employment/School/Training
- Child age
- Child citizenship
- Residency

### **Who is Considered Homeless?**

Children who are homeless lack a fixed and adequate nighttime residence. This includes migratory children and children who live in:

- Shared housing due to loss of housing, economic hardship or a similar reason;
- Motels, hotels or campgrounds due to lack of adequate alternative accommodations;
- Emergency or transitional shelters;
- Locations not designed or intended for human sleeping (i.e. park benches); or
- Cars, parks, public spaces, bus or train stations, or abandoned buildings.

**For more information about child care services for families who are homeless, contact your Child Care Resource and Referral Agency.**





# **Are You Experiencing Homelessness and Need Child Care?**

**You may be eligible for up to six months of child care assistance while you complete your application.**



**Call 1-800-332-9227 to get connected to your  
local Child Care Resource and Referral agency or visit [www.  
ChildCareNJ.gov](http://www.ChildCareNJ.gov) for information.**



**NJ Department of Human Services**

**Phil Murphy, Governor | Sheila Oliver, Lt. Governor | Carole Johnson, Commissioner**

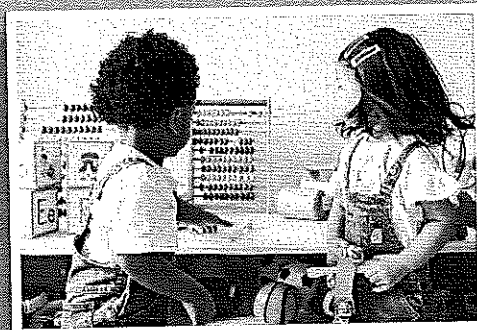






# ¿No tiene hogar y necesita cuidado infantil?

**Usted puede ser elegible para obtener asistencia de cuidado infantil por hasta seis meses mientras completa su solicitud.**



**Llame al 1-800-332-9227 para comunicarse con su agencia de Recursos e Información sobre el Cuidado Infantil, o visite [www.ChildCareNJ.gov](http://www.ChildCareNJ.gov) para obtener información.**

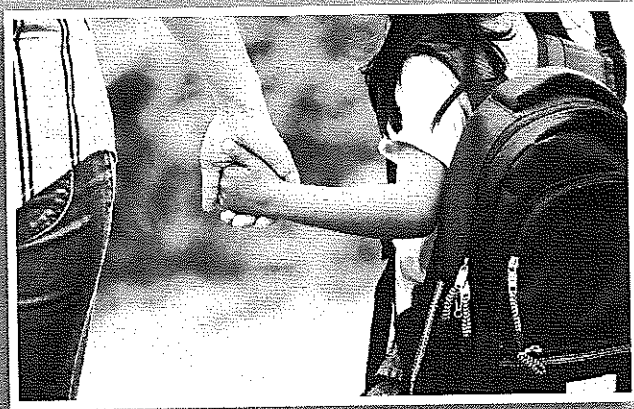


**Departamento de Servicios Humanos de NJ**

**Phil Murphy, Gobernador | Sheila Oliver, Vice-gobernadora | Carole Johnson, Comisionada**







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**NJ Department of Human Services**

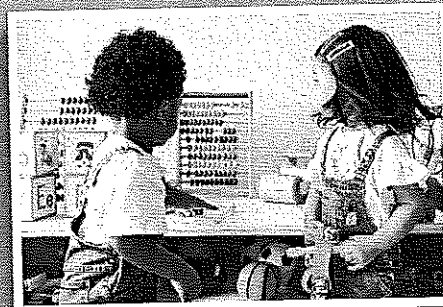
**Phil Murphy, Governor | Sheila Oliver, Lt. Governor | Carole Johnson, Commissioner**





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