CCCC
Community Coordinated Child Care
2 City Hall Plaza, 3rd Floor • Rahway, New Jersey 07065
Phone: (973) 923-1433 Fax: (973) 923-1311
www.ccccunion.org

Program you are applying for: New Jersey Cares for Kids (NJCK)

This program provides subsidized childcare payments for working families and full time students who meet the guidelines mandated by the state of New Jersey. This childcare subsidy through the NJCK Program will assist you to pay for childcare for infants, toddlers, preschool-age children, school-age children up to (13), and for children with special needs up to age (19).

Childcare can be provided by any licensed or regulated child care center, school-aged and summer camp program, as well as registered in home providers that accept subsidy payments.

REQUIREMENTS FOR APPLICANT AND CO-APPLICANT:

1. **Must be a Union County Resident**
2. **Must be enrolled in a Full-time Activity:**
   - **Work**: A Minimum of 30 hours per week, 60 hours bi-weekly or 65 semi-monthly

     School/College: 12 or more credits per regular semester (9+ credits in the summer)
   - **Certified Vocational Training**: 20 or more hours per week

   Parents can combine these part-time activities to complete full-time requirements
3. **Must be under the maximum income guidelines according to their family size and not Have assets that exceed $1 million**
   - **Family Size of 2: $33,820**
   - **Family Size of 3: $42,660**
   - **Family Size of 4: $51,500**
     - **For each additional child add $8,840**
4. **Must submit documents listed on the Child Care Subsidy Checklist (attached)**
5. **Must contribute to cost of care (Co-pay)**

Completed applications may be brought in person or mailed to:

Community Coordinated Child Care
2 City Hall Plaza, 3rd Floor
Rahway, NJ 07065
Faxes and Incomplete applications will not be processed.

Follow us on Facebook: **CCCCUnionCounty** and Twitter **@CCCCUnionCty**
Visit our website at: www.ccccunion.org to download additional applications or for information on additional programs

Applying for: New Jersey Cares for Kids

INCLUDE ALL THAT APPLY: APPLICANT/CO-APPLICANT

WORKING FULL-TIME — ALL JOBS MUST BE REPORTED

Submit all of your pay stubs for the most current month totaling 4 weeks of pay.
Each pay stub must show a minimum of 30 hours a week, 60 hours bi-weekly or 65 hours semi-monthly.

If your paystubs do not show hours, attach a letter with the pay stubs from your employer on company letterhead indicating the number of hours worked per week, as well as, the number of months worked per year, annual salary or hourly rate.

SELF-EMPLOYED

Submit your current **IRS Federal Income Tax Return & Transcript** including the IRS Form 1040 "Schedule C" reflecting the Profit or Loss from the business. *Please note: Once we receive your documents we must analyze and calculate to see if you meet the DHS/DFD income eligibility requirements.*

Transcript request: https://www.irs.gov/individuals/get-transcript

ATTENDING COLLEGE — Online Classes are not valid

Submit your current official college/university schedule that indicates:
Your Name • The Current Semester • Total Credits (12 credits Fall/Spring & 9 credits summer)
If you have already registered for the upcoming semester, please submit the semester schedule

TRAINING PROGRAM

Submit a letter on official school letterhead stating:
Name of Program • Start and end date of classes • Total hours attending per week (at least 20 hours)

PART B OF APPLICATION

All income must be disclosed. Enter amounts of additional income
"DO NOT" leave any blanks. Enter "0" if you receive none in a certain category:
Unemployment • Child Support • Alimony • Social Security/Pension*

UNEARNED INCOME

Social Security/Pension/Cash Assistance: Attach a copy of a stub or annual benefit letter
Unemployment: Attach a copy of your unemployment earnings statement
Documentation must indicate the Rate and Frequency

CHILD SUPPORT

Submit a copy of the original court order indicating you as the custodial parent, the child connected to the case, as well as, the rate and frequency. Please print the most recent full six (6) months disbursements for each child found on www.NJChildSupport.org

Unable to find the original court order?

Log into the Child Support website and print out the dependents page, obligation and arrears page, as well as the disbursements as indicated above.

Have Multiple Cases?

Please print out the Case list page as well. This will show all of the open and closed cases.

If you do not have a court order but receive cash:

A letter must be submitted stating the amount received by the non-custodial parent

ADDITIONAL INFORMATION

- If you have a **child with Special Needs**– Please submit a copy of a recent **medical document verifying** the child's diagnosis, along with the NJ Child Care Subsidy Verification Form that must be filled out entirely by a Licensed Medical Professional
- If **Divorced**, submit a copy of the divorce decree
- If there is no household income reported **("0" income)**, a letter of support is requested.

PLEASE NOTE: Please Refer to Checklist attached (ADDITIONAL DOCUMENTS MAY BE REQUIRED)

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.

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
- ☐ Custody Agreement or other court documents for guardianship (if applicable)
- ☐ Court decree (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:

- ☐ U.S. Birth Certificate
- ☐ Certificate of Citizenship
- ☐ U.S. Passport or Passport Card
- ☐ Social Security Card
- ☐ Permanent Resident Card (Green Card)
- ☐ USCIS Form I-551 (Alien Registration Card)
- ☐ Refugee Travel Document (Form I-571)
- ☐ 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

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 sibsidies.

▶ INSTRUCTIONS FOR COMPLETING SECTION F

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

NJCK

Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY ● DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Community Coordinated Child Care
2 City Hall Plaza, 3rd Floor
Rahway, NJ 07065

N#_____

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: NJ Zip Code: _____

County: _____ School District: _____

4. HOME TELEPHONE: _____ Email: _____

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

*** Incomplete Applications Will Not Be Accepted ***

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

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? Families First Card #: _____

☐ ☐ 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 comunity-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 Addiitonal 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.

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

NEW JERSEY CHILD CARE SUBSIDY PROGRAM
SPECIAL CARE POLICY
PRIORTIIZING CHILDREN WITH DISABILITIES IN CHILD CARE

PARENT/GUARDIAN(S)

When you have a child with a disability or special health-care needs, it can be challenging to find the right child care services. It is important to do your research and visit the child care provider to make sure the program can meet your child's unique needs.

It is the responsibility of the parent/guardian to provide supporting documentation from a licensed healthcare professional that is dated within the last 12 months.

You must submit the following to your local Child Care Resource and Referral (CCR&R) agency:

- Medical documentation signed by a licensed healthcare professional (such as a doctor/physician, psychologist, psychiatrist) that verifies your child's disability;
  OR
- The "New Jersey Child Care Subsidy Program Child Verification Form" (CC-216) signed by a licensed healthcare professional (such as a doctor/physician, psychologist, psychiatrist) that verifies your child's disability.

Note: If you choose to submit a report from the school system, such as an Individualized Education Progam (IEP) or Individualized Family Service Plan (IFSP), you must also submit the "New Jersey Child Care Subsidy Program Child Verification Form" (CC-216) signed by a licensed healthcare professional in order to verify your child's disability.

CHILD CARE PROVIDERS

The parent/guardian is responsible for submitting documentation of their child's disability to the CCR&R agency. The CCR&R agency will determine if the child(ren) meet the criteria of the "Disabled Child" definition and will authorize approval for the "Special Care Rate" (formerly known as the "Special Needs Rate").

In many instances, a new agreement may need to be reissued to the child care providers reflecting the new rate. A "**Disabled Child"** is defined as an individual who is less than 19 years of age who has a documented medical or physical impairment which reduces their ability to function independently; and who requires the personal services of a caretaker (child care provider) to maintain his or her basic level of functioning in an age-appropriate manner.

It is very important that all staff members participate in child development training, and any other specialized professional development training to appropriately meet the unique needs of each child.

Online Trainings are available for free or for a minimal fee through:

- The New Jersey Workforce Registry website at: https://www.njccis.com/njccis/home or;
- The New Jersey Child Care Subsidy Program website at: http://www.childcarenj.gov/Providers/Training

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY DEVELOPMENT
CHILD CARE SUBSIDY PROGRAM

Child Verification Form

(This form is only required for children with a disability who require special care)

Part 1: Completed by Parent

Name of Child: _____ Date of Birth: ___/___/___

Street Address: _____

City: _____ State: _____ Zip Code: _____

CONSENT TO RELEASE INFORMATION

I authorize the licensed health professional listed below to share information about my child's condition with the Child Care Resource and Referral Agency (CCR&R). I understand that this form will only be used for verification purposes for the New Jersey Child Care Subsidy Program. I understand that if circumstances regarding my child's condition change, I must immediately notify my CCR&R.

Name of Parent: _____
please print

Parent Signature: _____ Date: ___/___/___

PART 2: Completed by a Licensed Health Professional

INSTRUCTIONS: Please provide the information below to help us determine how we might meet the needs of this family. You may be contacted by the agency listed to verify this information.

Licensed Health Professional Name: _____
please print

Licensed Health Professional Title: _____ License/Credential No: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____ Fax: _____

NOTICE TO LICENSED HEALTH PROFESSIONAL

By signing, I certify that the above named child has a documented medical or physical impairment which reduces his or her ability to function independently. This child requires the personal services of a caretaker to maintain his or her basic level of functioning in an age-appropriate manner. The information provided is true and accurate to the best of my understanding.

List Child Disability: _____

Licensed Health Professional Signature: _____ Date: ___/___/___

CCR&R USE ONLY

CCR&R Name/Address: _____

CCR&R Representative Signature: _____ Date: ___/___/___

Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY ● DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Community Coordinated Child Care
2 City Hall Plaza
Rahway, NJ 07065

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 (Last) _____ (First) _____ (M.I.) _____ **SOCIAL SECURITY NO.** ___ ___ ___ – ___ ___ – ___ ___ ___ (9 Digit Number) **DATE OF BIRTH** ___/___/___ (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: ___/___/___

5

FULL NAME OF CHILD NO. 5 (Last) _____ (First) _____ (M.I.) _____ **SOCIAL SECURITY NO.** ___ ___ ___ – ___ ___ – ___ ___ ___ (9 Digit Number) **DATE OF BIRTH** ___/___/___ (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: ___/___/___

6

FULL NAME OF CHILD NO. 6 (Last) _____ (First) _____ (M.I.) _____ **SOCIAL SECURITY NO.** ___ ___ ___ – ___ ___ – ___ ___ ___ (9 Digit Number) **DATE OF BIRTH** ___/___/___ (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: ___/___/___

7

FULL NAME OF CHILD NO. 7 (Last) _____ (First) _____ (M.I.) _____ **SOCIAL SECURITY NO.** ___ ___ ___ – ___ ___ – ___ ___ ___ (9 Digit Number) **DATE OF BIRTH** ___/___/___ (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: ___/___/___

F

Child Care and Early Education Service Eligiblity 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 subsiday 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: **Community Coordinated Child Care of Union County**