

Preparing for Your Visit to the Department of Human Services, Division of Social Services

Suggested Document Handbook



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Prepared by Union County Council for Young Children Community Coordinated Child Care Union County Department of Human Services, Division of Social Services



Preparing for Your Visit to the Department of Human Services, Division of Social Services Suggested Document Handbook

Introduction: This document is a collaboration among the Department of Human Services, Division of Social Services (DSS); stakeholders and parents on the Union County Council for Young Children (UCCYC); and, Community Coordinated Child Care (CCCC) to create a handbook of suggested documents needed when visiting Union County's social services offices in either Elizabeth or Plainfield. The goal of this project is to enhance individuals' preparedness and to improve the overall process for both staff and families.

Community Coordinated Child Care (CCCC) of Union County is a private non-profit Resource and Referral Agency dedicated to the improvement of accessibility, affordability and quality child care and related work/family services. CCCC received a grant to become the lead agency for the Union County Council for Young Children (UCCYC). The County Council for Young Children is a strength-based collaboration between parents, families and local community stakeholders. The focus of the Council is to address the following areas: Health, Early Care and Education, Arts and Recreation, Community Resources and Family Supports. The goal is to empower families to advocate for themselves and their children, and to find ways to assist parents with additional services in the community.

Disclaimer: The following information in this handbook is suggested information only. Documentation for each case may vary. Be sure to follow the request of your case manager.

Purposes for this Handbook:

- Provide Parents/Guardians with an understanding of the suggested documentation needed when visiting the Division of Social Services (DSS) by using visuals and writing examples.
- Avoid return visits to the Division of Social Services.
- Improve the customer service relationship between the Division of Social Services (DSS) Staff and Community (Parents/Guardians).

Suggested documents to have when visiting the Division of Social Services:

Identification: Must be New Jersey ID

- New Jersey Driver's License
- Permanent Resident Card (Green Card)
- Passport
- Voters Registration Card
- County Identification
- United States Citizenship Born Birth Certificate (all family members)

Social Security Cards (all family members)

Proof of Income:

- Pay Stubs 4 paystubs if paid weekly/2 paystubs if paid bi-weekly
- Proof of Child Support (print out), letter from parent if cash is paid directly (required).
- Unemployment Benefits
- Tax Return/Profit Loss page
- Letter of Self-Employment (previous year's tax return)
- Personal Bank Account
- New Employment (Letter on Company Letterhead stating: start date, hired hours per week, hourly rate, business card)
- Day Laborer (waitress, babysitter, housekeeper, landscaping, cleaning business etc.)
 must provide a letter on company letterhead with the number of hours worked for the day and the amount you were paid for the day.

Self- Employment: Letter on company letterhead and previous year's tax return and profit loss.

Utilities:

- Gas & Electric Bills (current bill) i.e. Elizabethtown Gas, PSE&G
- Cell Phone (T Mobile, Sprint, AT&T etc.) (current bill)
- Water (current bill)
- Cable bill/telephone bill
- Oil/heat bill

Apartment Lease/Mortgage Bill

- Homeowners Insurance
- Tax Statements

Letter from Friend/Relative: When rent is not an expense

• **Must include:** Name, address, any payment or contribution being made, signed and dated by friend.

Letter from Landlord: When lease is not available

Must include: Name, address, amount paid to rent, signed and dated by landlord.

Basic Information to know and have:

- Have pen and paper for taking notes.
- Write down the name of the program you are applying for:

- CM Phone Number: ________
- Important dates to remember:

Websites/Phone Numbers:

- Public Service Electric & Gas: www.pseg.com/1-800-436-7734
- Elizabethtown Gas: www.elizabethtowngas.com/1-800-242-5830
- Birth Certificate: www.usbirthcertificate.com/certified
- Social Security: www.ssa.gov/ 1-877-803-6306
- Child Support: www.njchildsupport.org
- United States Passport: www.uspassporthelpguide.org
- NJ Unemployment Office: www.fileunemployment.org
- Internal Revenue: www.irs.gov
- NJ Family Care: 1-800-701-0710/www.njfamilycare.org
- Energy Assistance Programs: 1-800-510-3102/www.energyassistance.nj.gov
- NJ Earned Income Tax Credit (EITC): 1-888-895-9179/www.njeitc.org
- NJ SNAP: 1-800-510-3102/www.njsnap.org
- Medicaid Hotline: 1-800-356-1561
- New Jersey WIC Services: 1-866-446-5942/www.njwic.org
- End Hunger NJ: www.endhungernj.org
- Family/Domestic Violence Hotline 1-877-652-2873
- Fair Hearing Hotline: 1-800-792-9774
- 211: www.nj211.org
- NJ Helps: www.njhelps.org
- Early Intervention: 1-888-653-4463/www.nj.gov/health/fhs/eis/
- Partnership for Maternal and Child Health of Northern New Jersey: 201-876-8900 ext. 221 http://partnershipmch.org/

Contributors: Union County Council for Young Children (UCCYC) Community Resource Sub-Committee

To name a few of our contributors:

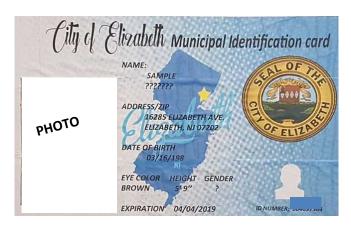
- Eneida Velasquez, Parent
- Angelica Moranchel, Parent
- Charlene Green, Parent
- Guadalupe Alonso, Parent
- Enriqueta Alonso, Parent
- Rosette Agyeman, Union County Stakeholder
- Juanita Miller, Union County Stakeholder
- Mary Carroll-Robertson, Union County Stakeholder/Volunteer
- All Union County Stakeholders
- Jessica Olivera, UCCYC Program Coordinator
- Kim Wilson, UCCYC Program Specialist
- Nicole Neto, UCCYC Program Specialist
- Pat Mennuti, Executive Director Community Coordinated Child Care
- Marge Zarkowski, Program Director Community Coordinated Child Care
- Charles Gillon, Executive Director Department of Human Services, Division of Social Services
- Jocelyn Casey, Department of Human Services, Division of Social Services
- Elizabeth Sebring, Department of Human Services, Office of the Director.
- Alan McGarry, Department of Human Services, Division of Social Services
- Ms. Daramola, Department of Human Services, Division of Social Services
- Betsy Scheidegger, Department of Human Services, Division of Social Services
- Lisa Holland, Department of Human Services, Division of Social Services
- Susan Eagle, Department of Human Services, Division of Social Services

We would like to acknowledge and thank all who have contributed to this handbook. Your hard work and efforts have enabled us to compile this list of resources that will empower parents to become independent seekers of their own solutions!

Samples of Suggested Documents

Proof of Identification/ID

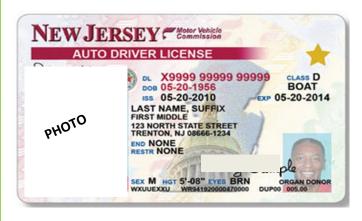
Sample # 1: Municipal ID



To receive a municipal ID in Elizabeth, Union County: Visit www.elizabethnj.org for further information and an application, or call for an appointment at (908)820-4298.

Cities of Union County that provide Municipal IDs: Elizabeth and Roselle

Sample #2: Driver License



Motor Vehicle Commission (MVC) Locations to receive a Drivers License in Union County:

- 1140 Woodbridge Rd. Rahway, NJ 07065
- 34 Center St. Springfield, NJ 07081

For more information visit: http://newjerseydriverslicense.org.

Sample #3: Permanent Resident



To apply for a Permanent Resident card, visit: https://www.uscis.gov/i-485.

Proof of Identification/ID (continued)

United States Passport-Sample





To obtain a passport in Union County:

Elizabeth – Union County Courthouse

2 Broad Street, Room 114, Elizabeth, NJ 07207 908-527-4966

Westfield - Colleen Fraser Building

300 North Avenue East, Westfield, NJ 07090 908-654-9859

To apply online or for more information, please visit: https://travel.state.gov.

Voter Registration Card-Sample

If not delivered in two days, return to.

Commissioner of Registration
Union County Board of Elections
271 N. Board Street
Elizabeth, NJ 07208





RETURN SERVICE REQUESTED

County of Union, New Jersey Voter Acknowledgement Card Recibo de tarjeta de Votantes

IMPORTANT

If your address changes, return this card to your County Commissioner of Registration, not later than twenty one days before any election, giving your new address below.

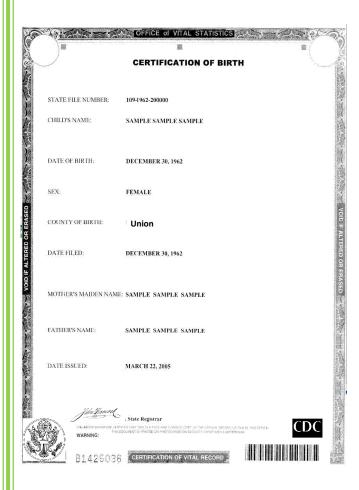
IMPORTANTE

Si hay un cambio en su dirección, regresa esta tarjeta a su Registro del Comisionado del Condado no mas tardar de veinte uno días antes de la elección, dando su nueva dirección abajo.

To be a registered voter, visit vote.org

Birth Certificate/Social Security

Birth Certificate - Sample



Birth Certificates

Must be obtained from the city/town in which the individual was born.

Contact the City/Town Hall for further information.

Union County Clerk's Office

2 Broad Street - Room 114

Elizabeth, NJ 07207

908-527-4000

info@ucnj.org

Social Security Card -Sample



Social Security Administration

855 Lehigh Avenue Union, NJ 07083

Union Office: 1-877-803-6306

Toll-Free: 1-800-772-1213

TTY: 1-800-325-0778

Also visit: www.ssa.gov/forms

Proof of Income

Employment Paystubs—Sample

123 your street

123 your street

Check No. 9044

Your town, NJ 012345

Your town, NJ 012345

One Thousand One Hundred Sixty-One Dollars and Twenty-Five Cents

Date

Amount

09/11/2007

******\$1,161.25

Pay to the Order of

XYZ

ed Bank NJ 07701

9044

	m			2	119-60-9160	0	9/11/2007
Income	Hours	Rate	Amount	Year	Tax/Deduction	Amount	Year
Holiday	8.00	18.50	148.00	740.00	Fed Tax	178.73	3395.87
Rg Wages	64.00	18.50	1184.00	26492.00	FICA-E	91.76	1743.44
Vacation	0.00	18.50	0.00	296.00	Med-E	21.46	407.74
Sick	0.00	18.50	0.00	444.00	NJ Tax	26.80	509.20
Personal	8.00	18.50	148.00	148.00	NJ UI-E	0.00	101.73
Totals:	80 00		1480.00	28120.00	NJ SDI-E	0.00	133.00
					NJ WFD-E	0.00	11.32
					Totaler	318.75	6302.30

This Check:

1161.25

Proof of Child Support



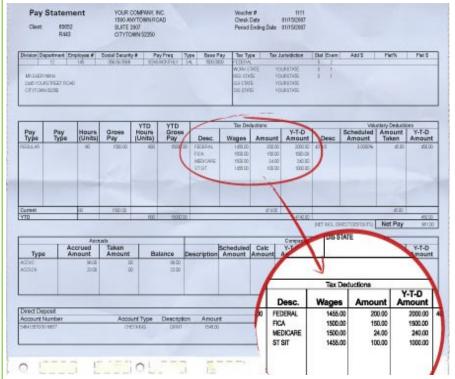
Union County office:

Elizabeth Child Support & Social Service Office 2 Elizabethtown Plaza, Elizabeth, New Jersey, 07201

To apply for Child Support or to obtain proof of receiving child support, visit www.njchildsupport.org.

Proof of Income (continued)

Unemployment Paystub-Sample



Elizabeth Unemployment Office

921 Elizabeth Avenue

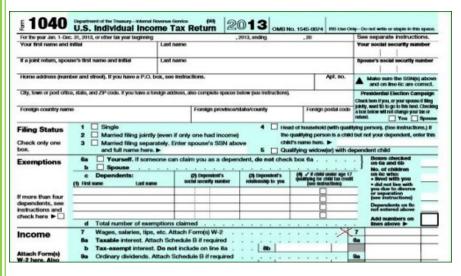
Elizabeth, New Jersey 07202

Plainfield Unemployment Office-

200 West 2nd Street

Plainfield, New Jersey 07060

Income Tax Return-Sample



Where to retrieve this form and any further information:

https://www.irs.gov/uac/about-form-1040

Proof of Income (continued)

Profit or Loss Form Sample

(Sole Propri Department of the Treasury For information on Schedule C and its ins		Profit or Loss From (Sole Proprietor) For information on Schedule C and its instruc	ship) tions,	go to	ww		-			OMB No. 1545-0074
_	Revenue Service (99) of proprietor	► Attach to Form 1040, 1040NR, or 1041; partners	hips ger	serally	must	fide F	orm	_		Sequence No. 09 rity number (SSN)
A	Principal busines	ss or profession, including product or service (see instructi	ons)					r	B Enter coo	Se from instructions
С	Business name.	If no separate business name, leave blank.						1	D Employer	ID number (EIN), (see instr.)
E		ss (including suite or room no.) > st office, state, and ZIP code				-				
F G H I J	Did you "materia If you started or Did you make an If "Yes," did you	hod: (1) Cash (2) Accrual (3) Oth ally participate" in the operation of this business during 20 acquired this business during 2011, check here by payments in 2011 that would require you to file Form(s) or will you file all required Forms 1099?	117 If "N 10997 (io," se see ins	tructi	ons)			: : :	Yes No
	Income							_	_	
1a		and third party payments. For 2011, enter -0	1a					-		
o o	Income reported	or sales not entered on line 1a (see instructions) to you on Form W-2 if the "Statutory Employee" box on ecked. Caution, See instr. before completing this line	1b							
d	Total gross rec	eipts, Add lines 1a through 1c							1d	
2	Returns and allo	wances plus any other adjustments (see instructions) .							2	
3	Subtract line 2 fr	rom line 1d							3	
4	Cost of goods s	old (from line 42)							4	
6	Gross profit. S	Gross profit. Subtract line 4 from line 3								
		ubtract line 4 from line 3								
6	Other income, in	ubtract line 4 from line 3							6	

Self– Employment Declaration

·,	Name	, nave been sell-employed
	iname	
for	years.	
The name and address	of my business are:	
S .	Name of business	
-	Address of business	
0	Address of business	
My gross income in 20	16 was	
My expected income for	or 2017 will be	
	Signature of Applicant	Date

Proof of Income (continued)

Savings Account

DATE DESCRIPTION	WITHDRAWALS	DEPOSITS	BALANCE
03-10-16 ATMW	**21.25		**474.11
03-10-16 ATMF	**1.50		***472.61
03-10-20 DEBP	***2.99		***469.62
03-10-21 WEBP	***300.00		**169.62
03-10-22 ATMW	***100.00		*** 69.62
03-10-23 DEBP	**29.08		**40.54
03-10-24 DEBR		**2.99	*** 4 3.53
03-10-27 TELP	***6.77		** 36.76
03-10-28 PYRL		₩ ₩694.81	₩ ₹731.57
03-10-30 WEBT		**50.00	***781.57
Please refer to the back	cover for the	Please verify your accou	int activity regularly
list of common transact			the bank within 45 days.

New Employment Letter: Must be on company letterhead, showing start date, hours hired per week, hourly rate.

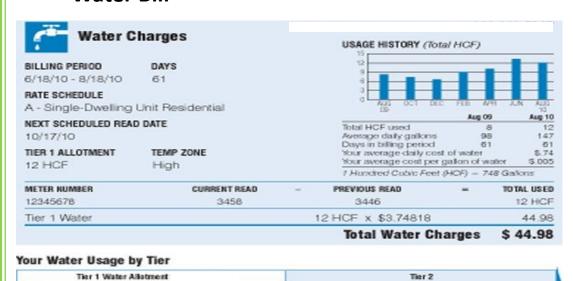
	Employment Ver	ilication Letter		
Name of Company			Dat	
Name or Company	,		Dai	le
Address				
To whom it may co	oncern:			
	Name of Employee		has been emplo	oyed by our
	Name of Employee			
company	Name of Employer		since	
		works		hours a
	Name of Employee		# of hours	
week.	Name of Employee	earns		
	Name of Employee		Amount	
per hour.				
If you need any fur	rther information, please feel fro	ee to contact me.		
Sincerely yours,				

Utilities Bills - Samples

Electric and Gas Bill

		Summer Month 201 Account number 12 Customer service ar	345 678 9		Page 3 of 4 BILL
PSEE GTERFC 180 GA	S BILL	POD	Number		Rate - RS
Estimated reading July 10	25250	Delivery			
Estimated reading June 10	24470	Service charge			\$2.46
Total kWh	780	Distribution charges			
		kWh charges		600 kWh @ \$0.059600	35.76
			Next	180 KWh @ \$0.063722	11.47
		Sub-Total Delivery			\$49.69
		Supply*			
		BGS Energy			
		Charges		600 kWh @ \$0.122367	73.42
			Next	180 kWh @ \$0.132111	23.78
		Sub-Total Supply			\$97.20
		Total electric charges			\$146.89
			er another elec	average of 0.124615 per kWh) is your Price ctric supplier for these services. Your Price t ern.	

Water Bill

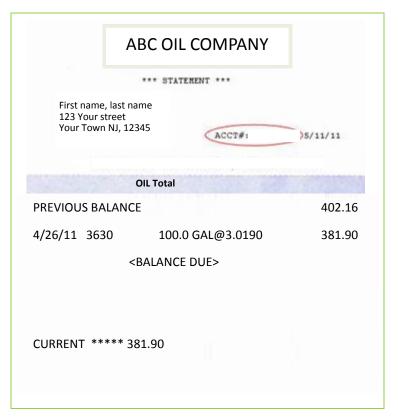


12 HCF Mose than 12 HCF

Telegraph is FNNavi at 2 of Warrant rates interaction on force much you use. The granth should be found your water inc.

Utilities Bills (continued)

Oil Bill statement



Cable Bill

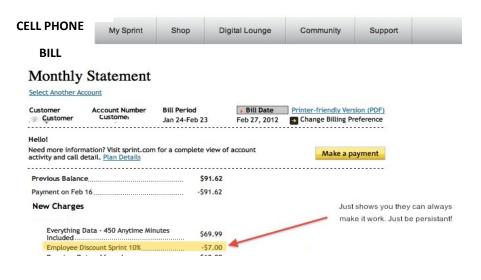


Utilities Bills (continued)

Telephone Bill

Quick Bill Summary	Mar 24 - Apr 23
Previous Balance (see back for details)	\$120.61
Payment – Thank You	-\$120.61
Balance Forward	\$.00
Monthly Access Charges	\$109.98
Usage Charges	
Voice	\$.00
Massaging	\$.00
Data	\$9.99
Verizon Wireless' Surcharges and Other Charges & Credits	\$4.44
Taxes, Governmental Surcharges & Fees	\$7.23
Total Current Charges	\$131.64
Total Charges Due by May 18, 2012	\$131.64

Cell Phone Bill



Mortgage Bill/Home Owner Insurance

Mortgage Bill Statement- For homeowner only

MORTGAGE COMPANY

Mortgage Statement

Statement Date: 3/20/2012

Account Number Payment Due Date

4/1/2012

Amount Due Option 1 (Full):

Option 1 (Full): \$1,829.71 Option 2 (Interest-Only): \$1,443.25

Option 3 (Minimum):

\$1,156.43

If payment is received after 4/15/12, \$160 late fee will be charged.

Account Information	
Outstanding Principal	\$260,000.00
Interest Rate (Until October 2012)	4.75%
Prepayment Penalty	\$3,500.00

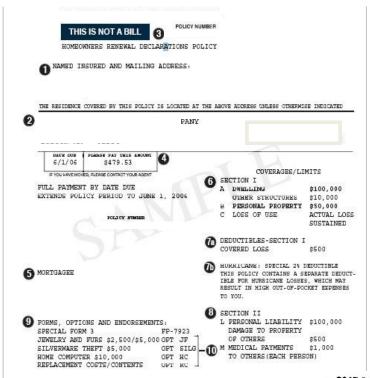
Explanation of Amount Due				
	Option 1 (Full)	Option 2 (Interest-Only)	Option 3 (Minimum)	
Principal	\$386.46	50	\$0	
Interest	\$1,048.07	\$1,048.07	\$761.25	
Escrow (Taxes and Insurance)	\$235.18	5235.18	\$235.18	
Regular Monthly Payment	\$1,669.71	\$1,283.25	\$996.43	
Total Fees and Charges	\$160.00	\$160.00	\$160.00	
Total Amount Due	\$1,829.71	\$1,443.25	\$1,156.43	
If you make this payment	your principal balance will decrease, and you will be closer to paying off your loan.	your principal balance will stay the same, and you will not be closer to paying off your loan.	your principal balance wi increase. You will be borrowing more money and losing equity in your home.	

Transaction Activity (2/20 to 3/19)				
Date	Description	Charges	Payments	
3/16/12	Late Fee (charged because payment was received after 3/15/2012)	\$160.00		
3/19/12	Payment Received - Thank you		\$1,669.71	

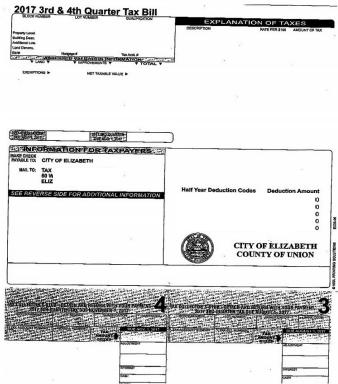
Past Payments Breakdown			
	Paid Last Month	Paid Year to Date	
Principal	\$384.93	\$1,150.25	
Interest	\$1,049.60	\$3,153.34	
Escrow (Taxes and Insurance)	\$235.18	\$705.54	
Fees	\$0.00	\$0.00	
Total	\$1,669.71	\$5,009.13	

Mortgage Bill/Home Owner Insurance (continued)

Home Owner Insurance Statement



Tax Bill Sample



Apartment Lease Sample

Apartment Lease

THIS APARTMENT LEASE by and between as ("Landlord"), and agree as follows:	сссс номез імс , a limited liability corporation, hereinafter referred to referred to as ("Tenant"). The parties
LEASED PREMISES: Landlord, in consideration apartment (the "Premises") located at:	of the lease payments provided in this Lease, leases to Tenant an
Address:	
City:	State: Zip:
TERM: The lease term will begin on/	/and will terminate on//
each month, payable in advance and without den obligation of timely payment. Lease payments sh personnel check, money order, or certified bank of New York, NY 10026 which may be changed fror day of the month, on or before that day the	n time to time by Landlord. If payment is not received via mail by the ne Tenant may verbally contact Landlord to make arrangements for rsonnel delivery may be at the discretion of the Landlord but does not
occupancy, the first month's rent shall be prorate	session of the Premises during any period of the first month of d at a daily rate of 1/30 th applied to the number of days remaining in the sy shall be deemed as the first month rent and will not be applied to any
plus additional daily later charges of \$p the monthly rent by the day of each mo the late charges under this paragraph will not affe	any month's rent, Tenant will pay Landlord an initial late charge of \$ over day thereafter until rent is paid in full. However, if Landlord receives onth, Landlord will waive the late charges for that month. Any waiver of ect or diminish any other right or remedy Landlord may exercise for rting late payments to the national credit bureau).
NON-SUFFICIENT FUNDS: Tenant shall be cha sufficient funds.	arged \$ for each check that is returned to Landlord for lack of
before its agreed upon end. Further, full rent will	\$ will be assessed to the Tenant if this lease is terminated be assessed for the month in which the cancellation occurs. Tenant nant's intent to vacate and terminate this Lease. Verbal notices will not
\$	of this Lease, Tenant shall pay to Landlord, in trust, a security deposit of ant damages to the Premises or other defaults under this Agreement (if we as a receipt for the Security Deposit, which shall include the amount ceipt, description of dwelling unit, and signature of person receiving applied to last month's rent. Landlord shall refund the deposit or any ase. Tenant must give Landlord at least thirty (30) days written notice of gated to refund or account for the security deposit. Landlord shall deduct wing: unpaid rent, late payment charges, non-sufficient fund charges, it premises when Tenant does not have keys, unreturned keys, cost of noles, stains, cleaning, pest control, removal of trash, government fees or age to floors, draperies or any permanent fixture on premises, attorney nant and other items provided for in Lease.

Letter from Friend/Relative Sample: When rent is not an expense

To: Whom it May Concern		
From: Friend/Relative		
Date: 00/00/0000		
Re:		
I, is residing with me at 123 Glad Lane, Plainfield, New Jersey. I do not charge he/she for rent however she is responsible for purchasing her food.		
If you need additional information you can contact me at (862) 123-4567.		
Sincerely,		
First name, Last Name		

Letter from Landlord Sample: When lease is not available

To: Whom it May Concern		
From: Landlord		
Date: 00/00/0000		
Re:		
I,, am writing to you on behalf of whom is residing at 123 Glad Lane, Plainfield, New Jersey and is paying amount to rent.		
If you need additional information you can contact me at (862) 123-4567.		
Sincerely,		
First name, Last Name		

NOTES:	