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NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**APPLICATION FOR CHILD CARE ASSISTANCE**

|  |
| --- |
| This application is for you to apply for non-guaranteed Child Care Assistance only. If you want to apply for other state benefits, including guaranteed Child Care Assistance, please use the form, [New York State Application for Certain Benefits *and Services,* **LDSS-2921**](file:///C:\Users\AX9740\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\XY37M3JN\Application%20for%20Certain%20Benefits%20and%20Services%20(LDSS-2921)). You can talk to your local department of social services if you have any questions or need help.  ***Please answer all questions that do not say optional. Please write clearly. Please do not write in the shaded areas.*** |

**Tell us about yourself.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name** (Please include first and last name.) | | | | Aliases: | | | |
| **Street Address**  Street: | Apt. No./Fl.: | City: | | | State: | County: | Zip Code: |
| **Mailing Address** (if different)  Street: | Apt. No./Fl.: | City: | | | State: | County: | Zip Code: |
| **Phone Number**  (     )       - | | | **Phone Number Type**  Cell Phone  Home Phone/Landline  Work Phone | | | | |
| **Email** (*This is optional.*) | | | | | | | |
| **How would you like to be contacted?** (*This is optional.*)  Phone  Email  Other (Please tell us.): | | | | | | | |
| **Primary Language**  English  Spanish  Other (Please tell us.): | | | | | | | |
| **Marital Status**  Single  Married  Divorced  Separated  Widowed | | | | | | | |

**Do you or any adult(s) applying with you receive any of the following benefits?**

Medicaid  Home Energy Assistance Program (HEAP)  Head Start/Early Head Start

Supplemental Nutrition Assistance Program (SNAP)  Women Infants and Children Program (WIC)  Cash Assistance from TANF

Housing Vouchers or Assistance  Other federal assistance programs such as  None of these.

Supplemental Security Income (SSI)

**Tell us about your household’s circumstances.**

Do any of these apply to you or any adult(s) applying with you?

* **Homeless?** (no fixed, regular and adequate place to stay at night)  Yes  No
* A parent is on active duty (serving full time) in the **U.S.** **Military?**  Yes  No
* A parent is a member of the **National Guard** or **Military Reserve Unit?**  Yes  No
* Receiving or applying for other child care funding?  Yes  No
  + If yes, please give us the agency name:
* Reason(s) child care is needed:

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**Tell us about everyone in your home.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LN** | **First Name and Last Name** | **Date of Birth**  (mm-dd-yyyy) | **Sex**  (M/F/X) | **Relationship To You** | **Gender Identity**  This is optional.  (Please describe.) | **Social Security Number**  (SSN)  *Optional* | **Enter Y (Yes) or N (No) for each race\*** (Optional) | | | | | | **FOR EACH CHILD in need of child care, (Check Yes or No)** | | | |
| **Does this**  **child need**  **child care?**  (Check  Yes or No) | Is the child a U.S. citizen/  national or has satisfactory immigration status? | Does child have special needs? | Do both parents live in the home? |
| **H** | **I** | **A** | **B** | **P** | **W** |
| **1** |  | /    / |  | **SELF** |  |  |  |  |  |  |  |  | Yes  No | Yes  No | Yes  No | Yes  No |
| **2** |  | /    / |  |  |  |  |  |  |  |  |  |  | Yes  No | Yes  No | Yes  No | Yes  No |
| **3** |  | /    / |  |  |  |  |  |  |  |  |  |  | Yes  No | Yes  No | Yes  No | Yes  No |
| **4** |  | /    / |  |  |  |  |  |  |  |  |  |  | Yes  No | Yes  No | Yes  No | Yes  No |
| **5** |  | /    / |  |  |  |  |  |  |  |  |  |  | Yes  No | Yes  No | Yes  No | Yes  No |
| **6** |  | /    / |  |  |  |  |  |  |  |  |  |  | Yes  No | Yes  No | Yes  No | Yes  No |
| **7** |  | /    / |  |  |  |  |  |  |  |  |  |  | Yes  No | Yes  No | Yes  No | Yes  No |
| **8** |  | /    / |  |  |  |  |  |  |  |  |  |  | Yes  No | Yes  No | Yes  No | Yes  No |
| **9** |  | /    / |  |  |  |  |  |  |  |  |  |  | Yes  No | Yes  No | Yes  No | Yes  No |
| **10** |  | /    / |  |  |  |  |  |  |  |  |  |  | Yes  No | Yes  No | Yes  No | Yes  No |
| **\* Racial Affiliation Codes: H** – Hispanic, **I –** Native American **or** Alaskan Native, **A –** Asian, **B –** Black or African American, **P –** Native Hawaiianor Pacific Islander, **W –** White | | | | | | | | | | | | | | | | |

*If you need more room or there is more information you think we might need, you can use extra pages.*

**Tell us about parent(s) that do not live in the home.**

*List all the children who need child care, whose parent does not live in the home*.

|  |  |  |
| --- | --- | --- |
| **Names of children under 19** | **Is absent parent available to provide care?** | **If no, provide reason.** |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  No |  |
|  | Yes  No |  |

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**Tell us about your job and other activities.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you need child care because you are **working**? Yes  No | | Are you about to start a new job? Yes  No If yes, start date:       /       / | | | | Areyou looking for work? Yes  No | | | |
| EMPLOYER’S NAME | | | | TOTAL HOURS WORKED PER WEEK | | | Does your schedule change week to week? Yes  No | | |
| **TYPICAL WORK SCHEDULE –** *If your schedule changes, enter your schedule from last week.* | **SUNDAY** | **MONDAY** | **TUESDAY** | | **WEDNESDAY** | **THURSDAY** | | **FRIDAY** | **SATURDAY** |
|  |  |  | |  |  | |  |  |
| **Do you have more than one job?**  Yes  No *If yes, please use extra pages to give us more information about your other job(s).* | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you need child care because you are in a **training program for work**? Yes  No | | | | Are you about to start a training program for work? Yes  No If yes, start date:       /       / | | | | | | |
| TRAINING PROGRAM NAME/FACILITY | | | | | TOTAL HOURS OF TRAINING PER WEEK | | | Does your schedule change week to week? Yes  No | | |
| **TYPICAL TRAINING SCHEDULE –** *If your schedule changes, enter your schedule from last week.* | **SUNDAY** | **MONDAY** | **TUESDAY** | | | **WEDNESDAY** | **THURSDAY** | | **FRIDAY** | **SATURDAY** |
|  |  |  | | |  |  | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you need child care because you are going to **college/taking classes**? Yes  No | | | | Are you about to start college/taking classes? Yes  No If yes, start date:       /       / | | | | | | |
| SCHOOL OR COLLEGE NAME | | | | | TOTAL HOURS OF CLASSES PER WEEK | | | Does your schedule change week to week? Yes  No | | |
| **TYPICAL CLASS SCHEDULE –** *If your schedule changes, enter your schedule from last week.* | **SUNDAY** | **MONDAY** | **TUESDAY** | | | **WEDNESDAY** | **THURSDAY** | | **FRIDAY** | **SATURDAY** |
|  |  |  | | |  |  | |  |  |

**Tell us about the other adult(s) applying with you and their activities.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Whose job information is this?** (Check one.)  Spouse  Other parent  Other adult | | | | | | | | | **Do they have more than one job?**  Yes  No *If yes, please use extra pages.* | | | | | | | | | | | | |
| Is the adult **working**?  Yes  No | | Is the adult about to start a new job?  Yes  No Start date:       /       / | | | | | | | | | | | | | Is the adult looking for work?  Yes  No | | | | | | |
| EMPLOYER’S NAME | | | | | | | | | | TOTAL HOURS WORKED PER WEEK | | | | | | Does the schedule change week to week? Yes  No | | | | | |
| **TYPICAL WORK SCHEDULE –** *If the schedule changes, enter the schedule from last week.* | | | **SUNDAY** | | **MONDAY** | | **TUESDAY** | | | | | **WEDNESDAY** | | **THURSDAY** | | | | **FRIDAY** | **SATURDAY** | | |
|  | |  | |  | | | | |  | |  | | | |  |  | | |
| Is the adult in a **training program for work**? Yes  No | | | | | | | | Is the adult about to start a training program for work? Yes  No If yes, start date:       /       / | | | | | | | | | | | | |
| TRAINING PROGRAM NAME/FACILITY | | | | | | | | | | TOTAL HOURS OF TRAINING PER WEEK | | | | | | Does the schedule change week to week? Yes  No | | | | |
| **TYPICAL TRAINING SCHEDULE –** *If the schedule changes, enter the schedule from last week.* | **SUNDAY** | | | **MONDAY** | | **TUESDAY** | | | | | **WEDNESDAY** | | **THURSDAY** | | | | **FRIDAY** | | | **SATURDAY** |
|  | | |  | |  | | | | |  | |  | | | |  | | |  |

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|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is the adult going to **college/taking classes**? Yes  No | | | | Is the adult about to start college/taking classes? Yes  No If yes, start date:       /       / | | | | | | |
| **SCHOOL OR COLLEGE NAME** | | | | | **TOTAL HOURS OF CLASSES PER WEEK** | | | Does the schedule change week to week? Yes  No | | |
| **TYPICAL CLASS SCHEDULE –** *If the schedule changes, enter the schedule from last week.* | **SUNDAY** | **MONDAY** | **TUESDAY** | | | **WEDNESDAY** | **THURSDAY** | | **FRIDAY** | **SATURDAY** |
|  |  |  | | |  |  | |  |  |

**Tell us about your household income.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Let us know if you or anyone applying with you receives money from any of the following:** | **YES** | **NO** | **WHO?** | **GROSS AMOUNT** | **PERIOD (week, month, etc.)** | **WHO?** | **GROSS AMOUNT** | **PERIOD (week, month, etc.)** |
| **Income From Work** (including wages/salary, overtime, commissions, training programs, tips) |  |  |  |  |  |  |  |  |
| Net Self-Employment Income |  |  |  |  |  |  |  |  |
| Child Support Payments (received) |  |  |  |  |  |  |  |  |
| Alimony/Spousal Support (received) |  |  |  |  |  |  |  |  |
| Unemployment Insurance Benefits, Workers’ Comp. |  |  |  |  |  |  |  |  |
| Social Security Benefits (including SSI) |  |  |  |  |  |  |  |  |
| Disability Benefits (New York State, Veterans Affairs, Private) |  |  |  |  |  |  |  |  |
| Rental/Boarder/Lodger Income (received) |  |  |  |  |  |  |  |  |
| Dividends/Interest - Stocks, Bonds, Savings |  |  |  |  |  |  |  |  |
| Pensions/Annuities |  |  |  |  |  |  |  |  |
| Public Assistance (PA) Grant, Safety Net Benefits |  |  |  |  |  |  |  |  |
| Other (Please specify.) |  |  |  |  |  |  |  |  |

**Consents and Signature**

*o*

|  |  |  |
| --- | --- | --- |
| Please read the terms, check the box, and sign the application. By submitting this application, I agree that:   * I want to apply for Child Care Assistance. I have been honest on this application, and it is complete to the best of my knowledge. * Getting assistance will not affect me or my family’s immigration status. Immigration information is private and confidential. * My family resources are not more than $1,000,000.   I attest that the information I provided on this application is correct and complete to the best of my knowledge. | | |
| YOUR SIGNATURE  **X** | PRINT NAME | DATE SIGNED     /    / |
| THE OTHER ADULT(S) SIGNATURE  **X** | PRINT NAME | DATE SIGNED     /    / |

**NYS Agency-Based Voter Registration Form**



|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **“If you are not registered to vote where you live now, would you like to apply to register here today?”**   |  |  | | --- | --- | | If you checked **YES**, please complete the  **Yes**  VOTER REGISTRATION APPLICATION below  **NO** because I choose not to register **OR**  I am already registered at my current address ***OR***  I asked for and received a mail registration form. | **If you do not check any box, you will be considered to have decided not to register to vote at this time.** |  |  |  | | --- | --- | | **X** | /    / | | Signature | Date | |  | | | Please Print Name | | | **Important!**  Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.  If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.  Información en español: si le interesa obtener este formulario en español,  llame al **1-800-367-8683**  中文資料:若您有興趣索取中文資料表格,請電: **1-800-367-8683**  한국어: 한국어 한국어 양식을 원하시면 **1-800-367-8683**  으로 전화 하십시오.  যদি আপদিএই ফরটি্ম ইংরেজীরেপপরেচািোহরে **1-800-367-8683**  িম্বরে পফাি করুি |

**VOTER REGISTRATION APPLICATION** (instructions on back)

I need an application for an Absentee Ballot **Please print or type in blue or black ink**  Yes, I would like to be an Election Day Worker

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Are you a U.S. citizen?**  **YES**  **NO**  If you answered **NO**, do not complete this form | | |  | 1. Will you be 18 years old on or before election day?  YES  NO 2. Are you at least 16 years of age and understand that you must be 18 years of age on | | | | **For Board Use Only** |
|  |  | or before election day to vote, and that until you will be eighteen years of age at the | | | |  |
| **1** | **2** | time of such election your registration will be marked “pending” and you will be  unable to cast a ballot in any election?  YES  NO | | | |  |
|  |  | If you answered **NO** **to both of the prior questions**, you cannot register to vote. | | | |  |
| **3** | Last Name First Name Middle Initial Suffix | | | | | | | |  |
| **4** | Address where you live (do not give P.O. box) Apt. No. City/Town/Village Zip Code County | | | | | | | | |
| **5** | Address where you get your mail (if different than above) P.O. Box, Star Route, etc. Post Office Zip Code | | | | | | | | |
| **6** | Date of Birth        /       / | **7** | Gender (optional) | **8** | Telephone (optional) | | | Email (optional) | |
| **10** | The last year you voted | Your address was (give house number, street and city) | | | | **9** | **ID Number** (Check the applicable box and provide your number)  New York State DMV number  Last four digits of your Social Security number  I do not have a New York State DMV or Social Security number | | |
| In county/state | Under the name (if different from your name now) | | | |
| **11** | **Political Party**    **I wish to enroll in a political party**  Democratic party  Republican party  Conservative party  Working Families party  Other    **I do not wish to enroll in any political party and wish to be an independent voter.**  No party | | | | | **12** | **Affidavit: I swear or affirm that**   * I am a citizen of the United States. * I will have lived in the county, city or village for at least 30 days before the election. * I will meet all requirements to register to vote in New York State. * This is my signature or mark on the line below. * The above information is true, I understand that if it is not true, I can be convicted and fined up to $5,000 and/or jailed for up to four years.  |  |  | | --- | --- | | **X** | /       / | | Signature or Mark in ink | Date | | | |

**(Optional) Register to donate your organs and tissues**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name | | | | **By signing below, you certify that you are:**     * 16 years of age or older * Consent to donate all of your organs and tissues for transplantation, research, or both; * Authorizing the Board of Elections to provide your name and identifying information to NYS Donate Life Registry for enrollment; * And authorizing the Registry to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health hospitals upon your death. | | |
| First Name | | Middle Initial | Suffix |
| Address | | | |
| Birth Date  **/       /** | Gender  M  F  Other | | |
| Eye Color | Height        Ft.       in. | | |
| Email | DMV or ID NYC Number | | |
|  |  | | |  |  | **/** **/** |
|  |  | | | Signature | | Date |

|  |  |
| --- | --- |
| **Qualifications for Registration**  **You Can Use This Form To:**  • register to vote in New York State;  • change your name and/or address, if there is a change since you last voted;  • enroll in a political party or change your enrollment;  • pre-register to vote if you are 16 or 17 years of age.  **To Register You Must:**  • be a U.S. citizen;  • be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);  • be a resident of the County, or of the City of New York at least 30 days before an election;  • not be in prison for a felony conviction;  • not claim the right to vote elsewhere; and  • not found to be incompetent by a court. | **Important!**  If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:  NYS Board of Elections  40 North Pearl St, Suite 5  Albany, NY 12207-2729  Telephone: **1-800-469-6872**;  TDD/TTY users contact the New York State Relay at 711;  or visit our web site - [www.elections.ny.gov](file:///\\fnpcfs0a1al\GroupShares\PIO\Working%20Forms\6025_OCFS_How%20to%20Complete%20the%20Application%20for%20Child%20Care%20Assistance_first\www.elections.ny.gov)  Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/ or information regarding the office to which the application was submitted, will remain confidential to be used only for voter registration purposes. |

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver’s license number or non-driver ID

number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement,

pay

check, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

**It is a crime to procure a false registration or to furnish false information to the Board of Elections.**

***Box 9:***You must make one selection. For questions refer to Verifying your identity above.

***Box 10:***If you have never voted before, write “None”. If you can’t remember when you last voted, put a question mark (?).

If you voted before under a different name, put down that name. If not, write “Same”.

***Box 11:***Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political

party, a voter must enroll in that political party, unless state party rules allow otherwise.

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