DO YOU QUALIFY TO GET OUR PROGRAM FOR FREE?



We encourage all families to review if you are eligible for the Department of Social Services Child Care Assistance program. The income threshold to qualify for payment support was recently increased. We encourage all families to put their tax dollars to work and explore this option for program payment support.

IF YOUR FAMILY'S INCOME MEETS THE FOLLOWING CRITERIA PLEASE REQUEST A FORM PACKET

Family Size	85% SMI for New York Monthly Income	85% SMI for New York - Income Standards
1	\$4,921.27	\$59,055.18
2	\$6,435.50	\$77,226.00
3	\$7,949.69	\$95,396.33
4	\$9,463.97	\$113,567.65
5	\$10,978.20	\$131,738.47
6	\$12,492.44	\$149,909.30
7	\$12,776.36	\$153,316.33
8	\$13,060.28	\$156,723.36
9	\$13,344.20	\$160,130.39
10	\$13,628.12	\$163,537.42
11	\$13,912.04	\$166,944.45
12	\$14,195.96	\$170,351.48

WHEN YOU RECEIVE THE PACKET PLEASE USE THE CHECKLIST BELOW:

Review instr	ructions on how to	o complete applicati	on (blue document)

- ☐ Fill out application for Child Care Assistance (green document)
- ☐ Fill out Child Support Verification (if applicable)
- ☐ Fill out Child Care Payment Questionnaire School Year Hours

INCLUDE COPIES OF THE FOLLOWING: (DO NOT SEND ORIGINAL YOU WILL NOT GET BACK)

Drivers License/ ID for each adult in household (if not applicable supply birth certificate)
Birth certificates for each child in household
8 paystubs
3 Documents with verification of residence
(lease agreement, mortgage statement, utility bills)

FINAL STEPS:

] Place all documents in provided manila envelope pre addressed to DSS of Erie Co	unty
Adhere postage and mail out	

☐ Notify Michelle at Michelle@bgcedenlakshore.org that you have mailed