



2 City Hall Plaza, 3rd Floor • Rahway, New Jersey 07065
Phone: (973) 923-1433 Fax: (973) 923-1311
www.cccunion.org

Program you are applying for: Child Care Assistance Program (CCAP)

This program provides Child Care Payment Assistance for working families and full time students who meet the guidelines mandated by the state of New Jersey. The Child Care Assistance 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 weekParents 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:** \$39,440
 - **Family Size of 3:** \$49,720
 - **Family Size of 4:** \$60,000
 - **For each additional child add \$10,280**
4. **Must submit documents listed in the step by step checklist (Attached)**
5. **Must contribute to cost of care (Co-pay)**

Completed applications may be submitted the following ways:

1. **Electronically: (*Fastest Way*) visit: <https://fs10.formsite.com/4cunion/intake/index.html>
Upload your application along with all of the required documents (pdf format)**
2. **Mail or Drop off:**

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](https://www.facebook.com/CCCCUnionCounty) and Twitter @CCCCUnionCty
Visit our website at: www.cccunion.org to download additional applications or for information
on additional programs



Step by Step Child Care Assistance Checklist

Follow All 11 steps below

1. FILL OUT ALL SECTIONS OF THE APPLICATION (APPLICANT AND CO-APPLICANT)

- Fill out ALL Sections of the Child Care Assistance Application (Pages 1-7)

Reminder:

Section B (Fill in an amount for #1-8) **Do Not Leave Blanks.**

Section C Fill in Work and/or School Information

2. SUBMIT ALL OF THE FOLLOWING DOCUMENTS

- Photo ID (For Applicant and Co-Applicant)
- Proof of Address Utility Bill etc. (Within 60 Days)
- Most Recent Tax Return (For Applicant and Co-Applicant) -Family Size, Married/Separated, Self-Employed etc.
- Copy of Birth Certificate for ALL children needing child care
- Copy of Social Security Card for ALL children needing child care
- Check Here if you have attached ALL of the documents requested above and Move to Box 3

3. RECEIVE PAYSTUBS?

- No: Check here and Move to Box 4
- Yes: Submit: 4 recent Pay Stubs (Each one must show a minimum of 30 Hrs) if paid **Weekly**
2 recent Pay Stubs (Each one must show a minimum of 60 Hrs) if paid **Bi-Weekly**
2 recent Pay Stubs (Each one must show a minimum of 65 Hrs) if paid **Semi-Monthly**

4. NEW EMPLOYMENT -NO PAY STUBS RECEIVED YET?

- No: Check here and Move to Box 5
- Yes: Submit a letter from your employer on company letterhead (signed and dated) containing rate of pay, hours worked per pay period, employer contact information, first date of employment and the date you will receive your first paystub. (You will need to follow up with paystubs if approved)

5. SELF EMPLOYED?

- No: Check here and move to Box 6
- Yes: Submit **ALL** of the following:
 1. Current IRS Federal Income Tax Return
 2. Transcript including the IRS Form 1040 "Schedule C" reflecting the Profit or Loss from the business. (Visit: www.irs.gov/individuals/get-transcript)

*Please note: Once we receive your documents we must analyze and calculate to see if you meet the DHS/DFD hours and income eligibility requirements.

6. ATTENDING COLLEGE ?

- No: Check here and move to Box 7
- Yes: Submit your current official college schedule that indicates: Your Name, The Current Semester and Total Credits

7. IN A TRAINING PROGRAM OR HIGH SCHOOL ?

- No: Check here and move to Box 8
- Yes: Submit a letter on official school letterhead (signed and dated) indicating: Your Name, Name of Program, Start and End date of Classes, and total hours attending per week

8. RECEIVING ANY OF THE FOLLOWING (UNEARNED INCOME): UNEMPLOYMENT, SOCIAL SECURITY, PENSION, CASH ASSISTANCE, ALIMONY ETC.?

- No: Check here and move to Box 9
- Yes: Attach the most recent copy of the stub or benefit letter for each one received

9. HAVE AN OPEN CASE FOR CHILD SUPPORT THROUGH THE COURTS?

- No: Check here and move to Box 10
- Yes: Visit WWW.NJChildsupport.org or the states site where the case originates and print **ALL** of the following for each Case:
 1. Case List
 2. Dependents page,
 3. Obligation and arrears page,
 4. Last 6 months disbursements

10. RECEIVE CHILD SUPPORT BY MUTUAL AGREEMENT?

- No: Check here and move to Box 11
- Yes: Submit **ALL** of the following:
 1. A letter signed and dated by the non-custodial parent indicating the amount paid and the frequency
 2. Proof of address for the other parent (ex. Utility Bill etc.) or Divorce Decree

11. DOES YOUR CHILD HAVE A DISABILITY THAT REQUIRES SPECIAL CARE?

- No: Check here and move to Box 12
- Yes: Please submit **One** of the following
 1. Medical documentation signed by a licensed healthcare professional (such as a doctor/ physician psychologist, psychiatrist) that verifies your child's disability
 2. Child Verification Form (**found at the end of your application packet**) signed by the licensed healthcare professional that verifies your child's disability.

*If the child is between ages 13 and 19 the verification must also state that the teenager requires adult supervision at all times.

END OF APPLICATION

- As a reminder Additional Documents May be requested
- Please allow 10 Days for Review and up to 45 Days for a final determination
- Applications Expire after 45 days



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 subsidies.

► INSTRUCTIONS FOR COMPLETING SECTION F

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



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 08626

- 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 community-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 Additional 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.



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	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____	____-____-____ (9 Digit Number)	____/____/____ (Mo./Dy./Yr.)
	<p>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</p> <p>RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White</p> <p>ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Indicate the hour/days/duration for which child care is needed: _____</p> <p>Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____</p> <p>Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</p>		
	<p>AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending</p> <p>DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____</p> <p>Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____</p>		
5	FULL NAME OF CHILD NO. 5	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____	____-____-____ (9 Digit Number)	____/____/____ (Mo./Dy./Yr.)
	<p>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</p> <p>RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White</p> <p>ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Indicate the hour/days/duration for which child care is needed: _____</p> <p>Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____</p> <p>Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</p>		
	<p>AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending</p> <p>DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____</p> <p>Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____</p>		
6	FULL NAME OF CHILD NO. 6	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____	____-____-____ (9 Digit Number)	____/____/____ (Mo./Dy./Yr.)
	<p>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</p> <p>RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White</p> <p>ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Indicate the hour/days/duration for which child care is needed: _____</p> <p>Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____</p> <p>Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</p>		
	<p>AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending</p> <p>DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____</p> <p>Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____</p>		
7	FULL NAME OF CHILD NO. 7	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____	____-____-____ (9 Digit Number)	____/____/____ (Mo./Dy./Yr.)
	<p>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</p> <p>RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White</p> <p>ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Indicate the hour/days/duration for which child care is needed: _____</p> <p>Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state special need and attach verification: _____</p> <p>Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</p>		
	<p>AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending</p> <p>DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____</p> <p>Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____</p>		



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Family Size Verification

Name : _____

1. Single/Separated/Divorced?

Yes: Check this Box and **submit ALL of the following:**

1. Proof of address for the other parent

Check here if you do NOT have contact with the other parent

2. Recent Tax Return

No: Check this box and do not forget to **include a co-applicant**

I hereby certify that all of the above information is true and correct. I understand that the information is being given in connection with federal and state public funds, and Community Coordinated Child Care of Union County may verify information. Deliberate misinformation can result in a denial of a subsidy.

 Applicant/Parent Signature

 Date



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CHILD SUPPORT VERIFICATION

NName: _____

1. Do You have an open case through the courts for child support or Mutual Agreement?:

Yes: I have a child support case through the courts:

Visit NJChildsupport.org and Submit the following for each Case:

1. Case List 2. Dependents page 3. Obligations and Arrears Page 4. Most recent full six (6) months disbursements for each child

Yes: I receive child support through a “mutual agreement” between myself and the other parent of the child:

Submit the following for each child: *A letter from the paying parent signed and dated indicating the amount they pay and the frequency.*

No: I do not have a child support case or “mutual agreement”.

I hereby certify that all of the above information is true and correct. I understand that the information is being given in connection with federal and state public funds, and Community Coordinated Child Care of Union County may verify information. Deliberate misinformation can result in a denial of a subsidy.

Applicant/Parent Signature

Date

F

Child Care and Early Education Service Eligibility 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 subsidy 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**





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: ____ / ____ / ____



NEW JERSEY CHILD CARE ASSISTANCE PROGRAM APPLICATION DOCUMENTATION CHECKLIST

Below is a **GENERAL** list of required documents for each section of the Child Care Assistance Program (CCAP) application that must be submitted for initial eligibility consideration. **Additional documents may also be required based on program requirements.** If you have questions, need assistance filling out the application or to request any DFD-required forms, contact your local CCR&R. Visit www.ChildCareNJ.gov/CCRR for a list by county or call 1-800-322-9227.

A. APPLICANT & CO-APPLICANT 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

B. ADDRESS

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

- | | |
|---|--|
| <input type="checkbox"/> Current Rental/Lease Agreement or Mortgage Bill | <input type="checkbox"/> Home Utility Bills |
| <input type="checkbox"/> Court Decree <i>(if applicable)</i> | <input type="checkbox"/> Medical Documentation |
| <input type="checkbox"/> School Records Showing Residence | <input type="checkbox"/> Vehicle Registration/Title or NJ Driver's License |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship <i>(if applicable)</i> | <input type="checkbox"/> Most Recent Filed Tax Forms Showing Dependency
<i>(For dependents 18+, must provide filed IRS 1040 Form)</i> |

If you are experiencing homelessness as defined by any of the following situations and are unable to provide the necessary documents with your application, you may have up to six months to submit the required paperwork. Situations include:

- Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals;
- Children and youth who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings [within the meaning of section 103(a)(2)(C)];
- Children and youth who are living in cars, parks, public spaces, abandoned buildings, bus or train stations, or similar settings; and Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii) therein.

C. HOUSEHOLD INFORMATION

To prove relationship, any of following must be submitted for **any child in need of child care services**:

- 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)*

If the **dependent is over the age of 18**, submit **one** of the following documents to verify family size:

- Most recent filed tax forms showing dependency (copy of filed IRS 1040 form)
- Health Insurance policy showing coverage for the dependent
- Records of school enrollment



NEW JERSEY CHILD CARE ASSISTANCE PROGRAM APPLICATION DOCUMENTATION CHECKLIST

D. INCOME

For each applicant/co-applicant, submit all that apply to verify income:

INCOME FROM EMPLOYMENT:

- Must provide one month of current pay stubs (e.g. 4 weekly, 2 biweekly, etc.); and/or
- DFD Verification of Employment Form CC-188 (If needed to verify work hours when not reflected in the pay stubs or to verify income when the applicant/co-applicant does not receive pay stubs.)

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 CC-188 (If approved for CCAP, applicant/co-applicant will be required to follow up with pay stubs if received.)

SELF-EMPLOYED ONLY:

- Submit Current IRS Tax Transcript of Form 1040 along with Schedule C, "Profit or Loss from Business"

UNABLE TO WORK or INCAPACITATED:

- DFD Statement of Incapacity Form CC-10

OTHER INCOME OR BENEFITS TO FAMILY UNIT:

Documentation must show the rate and frequency of the income received from the sources below:

- Pension/Retirement Documentation
- Social Security Award Letter
- Unemployment/Worker's Compensation Documentation
- Alimony/Spousal Support
- Veterans/Military Benefits
- Disability Benefits
- Child Support (minimum 6 months of Payment/Disbursement History)
- Any other income required for federal/state tax reporting purposes

(Note: If child support or alimony is not court ordered, write the amount you receive monthly in Section C of the application)

E. WORK/SCHOOL/TRAINING

For each applicant/co-applicant, submit one of the following:

- WORK:** See Section D, "Income from Employment" for acceptable documents to verify hours of work
- 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

F. CHILD(REN) INFORMATION

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)
- Refugee Travel Document (Form I-571)
- Electronic version of U.S. Customs and Border Protection Form I-94 (available on the CBP One Mobile App or <https://i94.cbp.dhs.gov/I94#home>)