

NEW JERSEY CARES FOR KIDS CHILDCARE CERTIFICATE PROGRAM
CCAP Application Check List

Income Eligibility Requirements (effective 3/1/21)									
<i>Family Size</i>	2	3	4	5	6	7	8	9	10
<i>Maximum Annual Gross Family Income</i>	\$34,840	\$43,920	\$53,000	\$62,080	\$71,160	\$80,240	\$89,320	\$98,400	\$107,480

Full-Time Activity Minimum Requirements for Each Applicant and Co-Applicant:

EMPLOYMENT
30 Hours per Week

SCHOOL OR TRAINING
12 College Credits per Fall or Spring semester
9 College Credits per Summer semester
20 Hours per Week of Training program

The following verification must be submitted with your application:

*Send **original** documents where required. If you need originals back, please write a note.*

- Complete All Sections of Application-See **DETAILED INSTRUCTIONS on next page**
- Proof of Address (lease, license or utility bill)
- Copies of Children's Birth Certificates
- Copies of Children's Social Security Cards
Birth Certificate and Social Security card are required for children for whom applicant is applying.
- Copies of Permanent Residency Card for proof of citizenship, *if applicable*

Proof of Employment/ School/ Training Program:

- If Employed**, Paystubs or Payroll records for the MOST RECENT Four (4) Weeks
- If paystubs or payroll records do not indicate hours worked**, An original Employer Letter stating exact hours worked per week (on letterhead, dated, with ORIGINAL SIGNATURE, and job title of signee).
- If Self-Employed**, Federal Income Tax Return AND Federal Income Tax Return Transcript, with all Schedules, W2s, and 1099s. Transcript available from IRS at www.irs.gov/individuals/get-transcript or 1-800-908-9946.
- If in School or Training**, Detailed schedule including days and hours attending, class locations, credits, start and end dates of semester, and clearly indicate the names of the School and Student.
- If school or training program does not provide a detailed schedule**, Letter (on letterhead, dated, with ORIGINAL SIGNATURE, and job title of signee), stating start and end date of program and hours per week attending.

Online classes are acceptable (2 classes for F/T student and 1 classes for PT student) if required as part of achieving related a two or four year Degree at a college or university.

Full name and the school name must be clearly identified on all documents submitted.

Proof of Additional Income, as applicable:

- Social Security Benefit** –Current Benefits Statement
- TANF/Food Stamp benefit** – Copy of Snap/Families First Card showing case number
- Child Support Verification for ALL children in household:**
Print out report showing Obligation and Disbursement showing last six (6) months of payments.
Obtain on-line at www.njchildsupport.org or from probation office.
- If Child Support paid directly to applicant** from the non-custodial parent, A **NOTARIZED** letter signed and dated stating amount and frequency; must include names and addresses of non-custodial parent and children.

SIGN and DATE

Applicant & Co- Applicant must sign and date
Certification Page, Acknowledgment AND Application Addendum

NJ CHILD CARE SUBSIDY PROGRAM

Documentation Checklist

Below is a list of required documents for each section of the Child Care Subsidy Program Application that must be submitted for eligibility consideration. Please contact 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 visit www.ChildCareNJ.com.

IDENTIFICATION

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

- | | |
|--|---|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Passport |
| <input type="checkbox"/> State or employer issued picture ID | <input type="checkbox"/> Permanent Resident Card (Green Card) |

For each dependent, regardless of if they require child care, provide any one of the following to prove relationship to child and verify family size:

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Court decree | <input type="checkbox"/> Medical documentation |
| <input type="checkbox"/> School enforcement showing residence | <input type="checkbox"/> Most recent filed tax forms showing dependency (For dependents age 18+, must provide Filed IRS 1040 Form) |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship | |

ADDRESS

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

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Lease Agreement |
| <input type="checkbox"/> Court decree | <input type="checkbox"/> Medical documentation |
| <input type="checkbox"/> School enforcement showing residence | <input type="checkbox"/> Most recent filed tax forms showing dependency (For dependents age 18+, must provide Filed IRS 1040 Form) |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship | |

**If you or your child are homeless and do not have a fixed address, please contact your CCR&R for assistance.*

INCOME

INCOME FROM EMPLOYMENT:

- One month's worth of current pay stubs (e.g. 4 weekly, 2 biweekly, etc.)

NEW EMPLOYMENT ONLY:

- DFD "Verification of Employment" Form; or
 Employer letter on company letterhead (signed/dated) containing rate of pay, hours worked per week, employer contact information, and first date of employment. If approved for subsidy, applicant/co-applicant will be required to follow up with pay stubs.

- SELF-EMPLOYED ONLY:** Submit 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 –12 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 any applicant/co-applicant, submit one of the following:

- DFD "Verification of School or Training" Form
 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

CHILD CITIZENSHIP STATUS

For any child in need of care, submit one of the following:

- | | |
|---|--|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Permanent Resident Card (Green Card) |
| <input type="checkbox"/> Certificate of Citizenship | <input type="checkbox"/> USCIS Form I-551 (Alien Registration Card) or Form I-94 |
| <input type="checkbox"/> U.S. Passport | <input type="checkbox"/> USCIS "Notice of Prima Facie Case" dated within 150 days of application |
| <input type="checkbox"/> Social Security Number | |



Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Bergen County Office for Children
One Bergen County Plaza 2nd Floor
Hackensack, NJ, 07601
201-336-7150

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: _____ Zip Code: _____
 County: _____ School District: _____

4. HOME TELEPHONE: _____
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.

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

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?
- 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: Bergen County Office for Children
ofc@co.bergen.nj.us

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.)
<p><i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i></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 _____ (Last) (First) (M.I.)	SOCIAL SECURITY NO. _____ (9 Digit Number)	DATE OF BIRTH ____/____/____ (Mo./Dy./Yr.)
<p><i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i></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 _____ (Last) (First) (M.I.)	SOCIAL SECURITY NO. _____ (9 Digit Number)	DATE OF BIRTH ____/____/____ (Mo./Dy./Yr.)
<p><i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i></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 _____ (Last) (First) (M.I.)	SOCIAL SECURITY NO. _____ (9 Digit Number)	DATE OF BIRTH ____/____/____ (Mo./Dy./Yr.)
<p><i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i></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>			

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: _____



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



COUNTY OF BERGEN
DEPARTMENT OF HUMAN SERVICES
OFFICE FOR CHILDREN
Providing Child Care Resources and Referrals Since 1980
 One Bergen County Plaza • 2nd Floor • Hackensack, NJ 07601-7076
 (201) 336-7150 • e-mail ofc@co.bergen.nj.us

James J. Tedesco III
 Bergen County Executive

Melissa H. DeBartolo Esq.
 Department Director

Julie O'Brien
 Division Director

ACKNOWLEDGMENT

I have received the following document:

“Regulations for the Disqualification of Services for Parents”

I understand and agree to comply with the regulations of the state. I understand that the complete regulations about this subject are available on the Bergen County Office for Children Website:

<http://www.co.bergen.nj.us/index.aspx?NID=1204>

Examples of Violations:

1. Failure to report within 10 calendar days any change in family circumstances that change eligibility
2. Failure to accurately report all sources of income
3. Failure to accurately report the amount of income
4. Failure to accurately report the number of household members who are required to be counted to determine family or household composition
5. Failure to comply with the E-Child Care Parent/Provider Responsibilities and Agreement

I understand that lack of compliance with these regulations, if substantiated, may result in:

- Written Warning notice
- First Violation – One (1) month disqualification
- Second Violation – three (3) months disqualification
- Third Violation – Termination for up to twelve (12) months and/or permanent disqualification

Name of Parent(s): (Print) _____

Signature(s): _____ **Date:** _____

_____ **Date:** _____

Telephone: _____ **E-mail:** _____

(Please keep one copy and send original to the Office for Children in attached envelope)



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Attention: Regulations for the Disqualification of Services for Parents

Parents/applicants are required, at all times, to comply with the NJ Child Care Subsidy program regulations and policies. Any type of program violation, if substantiated by OFC or DHS/DFD, will subject the parent to penalties that may include:

- Disqualification
- Termination
- Denial at time of application or reapplication
- Criminal investigation
- And/or recoupment of payments

A substantiated case of program violation will result in suspension or disqualification of child care subsidy and make parent/applicant ineligible to apply/reapply for and/or receive subsidized child care for a specified period of time depending on the number and type of violation.

Examples of General Program Violations (but are not limited to):

- a) Failure to report within 10 calendar days any change in family size/composition, family income or work/school/training status or income that exceeds program eligibility requirements
- b) Failure to accurately report all sources of income. e.g. multiple employers, increase or decrease in salary, child support payments, alimony, unemployment, workman's comp, pension, SSI, SSDI, survivor benefits or any other income.
- c) Failure to accurately report the amount of income. e.g. not reporting the accurate amounts from self-employment; rent from property ownership; altering paystub information
- d) Failure to accurately report the number of household member who are required to be counted to determine family size. e.g. failing to report that a spouse is living in the home.
- e) ECC Program Violation – failure to comply with the ECC Parent'/Provider Responsibilities and Agreement

Penalties/Procedures

1. Warning Notice: Parent has 10 days to respond to the warning for failure to comply with child care subsidy or up to 2 weeks from date of failure to use or misuse of E-Child Care warning letter to attend training and remedy the action by demonstrating consistent use of ECC. .
2. First Violation (except fraud) – 1 month disqualification
3. Second Violation – 3 months disqualification
4. Third Violation – Termination for **up to** 12 months and/or permanent disqualification

Examples of violations that may be subject to up to 12 month termination include (but are not limited to):

- a) Failure to provide or provision of false or misleading or deliberate misrepresentation of, required information in connection with a new application or current case
- b) Reporting child present when child was not in attendance
- c) Repeated misuse of the ECC card resulting in multiple violations
- d) Repeated general program violations resulting in multiple violation

RESOURCE GUIDE FOR FAMILIES

No matter how hard you try, sometimes it's difficult to make ends meet. New Jersey provides a number of programs to support low-income families.



■ NJ FamilyCare

Free or low-cost health insurance

NJ FamilyCare is open to children, pregnant women, parents/caretaker relatives, single adults and childless couples. Depending on your family size and monthly income, you may be eligible.

For more information, or to apply, call **1-800-701-0710 (TTY: 1-800-701-0720)** or visit www.njfamilycare.org.

■ Energy Assistance Programs

Help paying your energy bills

Low-income eligible households that are having a difficulty paying their heating and cooling bills can contact this office for financial assistance. Programs available include the **Low-Income Home Energy Assistance Program (LIHEAP)** and the **Universal Service Fund (USF)**.

For more information, call **1-800-510-3102** or visit www.energyassistance.nj.gov.



■ NJ Earned Income Tax Credit (EITC)

Reduce Your Taxes

NJEITC is a special tax benefit for low-income working families and individuals. You may get money back even though you do not owe any state taxes. To get the credit, you must file a federal tax form, be eligible for the federal EITC, file a state tax form and meet income guidelines.

For example, a family with 3 or more children earning less than \$46,997 (\$52,427 for working, married couples) in 2014 can get a combined federal and state EITC credit of up to \$7,371.

Information on the state EITC is available at **1-888-895-9179** or at www.njeitc.org. Information on the federal EITC is available at **1-800-829-1040** or at www.irs.gov/eitc.

■ New Jersey WIC Services

NJ WIC provides supplemental nutritious foods to pregnant, breastfeeding and postpartum women, infants and children to age five. WIC services include nutrition education, breastfeeding promotion and support, immunization screening and health care referrals.

For more information, call at **1-866-44 NJ WIC (446-5942)** or visit www.njwic.org

■ Pharmaceutical Assistance to the Aged and Disabled (PAAD)

PAAD helps pay for prescription drugs and medical supplies such as insulin, insulin needles, and syringes.

To participate in PAAD, you must be: an NJ resident; 65 or older, or at least 18 and receiving Social Security Title II Disability benefits; meet the income guidelines; and be enrolled in a Medicare Part D Prescription Drug Plan.

For more information, call **1-800-792-9745** or visit www.njpaad.gov

Other Important Resources

■ **Addiction Hotline of New Jersey**
1-800-238-2333

■ **Division of Disability Services**
Focuses on serving people who have become disabled as adults.
1-888-285-3036

■ **1-888-LSNJ-LAW** - Provides legal information to low-income residents of New Jersey.
1-888-576-5529

■ **EndHunger NJ** - Provides food assistance information from local food pantries and soup kitchens for NJ residents with low incomes.
www.endhungernj.org

■ **VA Benefit Hotline**
1-888-8NJ-VETS (865-8387)

■ **Family/Domestic Violence Hotline**
1-800-572-7233

■ **Child Abuse/Neglect Hotline**
1-877-NJABUSE (652-2873)

■ **NJ Dept. of Children and Families**
Provides other supports for children, families and women.
www.nj.gov/dcf

■ **NJ Housing Resource Center**
1-877-428-8844
www.nj.gov/njhrc



You can screen yourself for all of these programs and many others at www.njhelps.org, an easy-to-use, confidential website.



Find state or local health and human service resources to address your urgent needs or everyday concerns.
www.nj211.org

State of New Jersey

Phil Murphy, Governor Sheila Oliver, Lt. Governor

Department of Human Services ■ Division of Family Development ■ www.nj.gov/humanservices/dfd

* USDA is an equal opportunity provider and employer *