



MONROE COUNTY DEPARTMENT OF HUMAN SERVICES



APPLICATION FOR CHILD CARE SERVICES

Application Date _____ Worker: **DC** _____ Case Type: **40** District: **A26** Case Number: **S** _____ Service Trans. Type: NewAp Recert
 Case Name _____ Disposition: Denied Reason Code WD *Shaded Areas for Office Use Only*

Name _____ Telephone Number _____
 Residence Address _____ City _____, NY Zip Code _____
 Mailing Address (if different) _____ City _____, NY Zip Code _____
 Former Address _____ Another phone number where you can be reached _____ Marital Status _____

List everyone who lives with you even if they are not applying. List yourself first.

| | First Name | M I | Last Name | Date of Birth | Social Security Number (SSN) <i>Optional</i> | Sex M or F | Does this person need child care? | | Relation-ship to you | Hispanic or Latino? | | Enter Y (Yes) or N (No) for each race* | | | | | |
|---|------------|-----|-----------|---------------|--|------------|-----------------------------------|----|----------------------|---------------------|----|--|---|---|---|---|--|
| | | | | | | | Yes | No | | Yes | No | I | A | B | P | W | |
| 1 | | | | | | | | | SELF | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
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| 7 | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | |

* Race/Ethnic Codes: **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** - White

| | | | |
|---|------------|----|-----------|
| Please list maiden or other names by which you or anyone in your household has been known | First Name | MI | Last Name |
| | | | 3 |
| | | | |

Are you currently receiving or applying for Temporary Assistance? No Yes
 Are you currently receiving or applying for other Child Care funding? No Yes If yes, name of agency: _____

List names of everyone under 21 and write in any information you currently have about that person's absent parent.

| Name of Person Under 21 | Absent Parent's Name and Address | Absent Parent's Date of Birth <i>Optional</i> | Absent Parent's Social Security Number <i>Optional</i> |
|-------------------------|----------------------------------|--|---|
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Do you need child care so you can work? Yes No If no, list reason child care is needed _____

Current Place of Employment: _____ Work Phone: _____
(If self-employed, list the name of your company)

Start Date of Job: _____ Pay Rate per Hour: _____ Hours per Week: _____

Is this a job with rotating shifts? Yes No Are you required to work overtime? Yes No

List the Scheduled Days and Hours of Employment (e.g., Mon. through Fri. 8 a.m. – 4 p.m.): _____

| INCOME - ANSWER ALL QUESTIONS LISTED BELOW | | | | | |
|---|-----|----|--------------|----------------------------|---------------|
| Indicate if you or someone who lives with you receives money from: | Yes | No | Gross Amount | Period (week, month, etc.) | Who Receives? |
| Employment/self-employment including overtime, commissions, training programs, tips | | | | | |
| Child Support Payments (received) | | | | | |
| Alimony/Support (received) | | | | | |
| Unemployment Insurance Benefits | | | | | |
| Social Security Benefits (including SSI) | | | | | |
| Disability Benefits (NYS, VA, Private) | | | | | |
| Rental/ Boarders/Lodgers Income (received) | | | | | |
| Other (please specify) | | | | | |
| <i>Office Use Only</i> | | | | | |

READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM

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PENALTIES – Your application may be investigated. By signing this agreement you are consenting to cooperate in such investigation. **Federal and State laws provide for penalties of fine, imprisonment or both if you do not tell the truth when you apply for ChildCare Services;** or at any time when you are questioned about your eligibility; or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for ChildCare Services; or if you conceal or fail to disclose facts that would affect the right of someone for whom you have applied to obtain or continue to receive ChildCare Services; and such ChildCare Services must be used for the other person and not yourself. It is unlawful to obtain ChildCare Services by concealing information or providing false information.

CHANGES – I agree to inform the agency **immediately** of any change in my needs, income, property, living arrangement or address to the best of my knowledge or belief.

I agree to inform the agency promptly of any change in child care arrangements, including where child care is provided, who is providing care, providers fees, and hours for which child care is needed.

CONSENT – I understand that by signing this application form I agree to any investigation made by the Monroe County Department of Human Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for ChildCare Services. If additional information is requested I will provide it.

NON-DISCRIMINATION NOTICE – **This application will be considered without regard to race, color, sex, disability, religious creed, national origin or political belief.**

CERTIFICATION OF CITIZENSHIP/ALIEN STATUS FOR CHILDCARE SERVICES – **I swear and affirm under penalties of perjury that all children who are seeking childcare services**_____ **are**

(list the names of all the children who need child care services)

United States (U.S.) citizens or nationals or persons with satisfactory immigration status. I understand that information about my household may be submitted to the Immigration and Naturalization Service (INS) for verification of immigration status, if applicable. I further understand that the use or disclosure of information about household members including myself who are applying for or receiving ChildCare Services is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of provisions of the ChildCare Services program.

CERTIFICATION: I swear and/or affirm under the penalties of perjury that the information I have given or will give to the Monroe County Department of Human Services is correct.

| | | | |
|------------------------------------|-------------|------------------------|-------------|
| APPLICANT/REPRESENTATIVE SIGNATURE | DATE SIGNED | HUSBAND/WIFE SIGNATURE | DATE SIGNED |
|------------------------------------|-------------|------------------------|-------------|

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Please return to the address below:

Use this area for additional information:

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I CONSENT TO WITHDRAW MY APPLICATION. I understand I may reapply at any time.

SIGNATURE _____

DATE _____

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For Agency Use Only:

Eligibility Determined by _____ Date _____

Eligibility Approved by _____ Date _____

Child Care Authorization Period: From _____ To _____

Comments: