



Burlington Community Action Partnership

718 Route 130 South
Burlington, NJ 08016

DR. RUBEN A. JOHNSON
Executive Director

Child Care Resource and Referral
1-877-332-2278
www.bccap.org

Dear Subsidy Program Applicant:

Enclosed you will find an application for the New Jersey Cares for Kids Child Care Certificate Program. Families who wish to participate in the program must meet eligibility guidelines and submit the following:

Applying for a Child Care Subsidy

As an applicant/parent seeking a child care subsidy, you will be required to provide proof of income, training/school hours and household size to help determine eligibility. All required documents must be submitted to be considered for a subsidy.

Applicant(s)/Parents Eligibility Requirements

Must be a Burlington County, New Jersey resident;
Must meet income requirements and not have assets that exceed \$1 million;
Must be working full time (30 hours or more a week), attending school full time (12 credits or more), or in job training (at least 20 hours a week); and
Depending on family size and income, may have to contribute to the cost of care (co-pay).

Child Eligibility Requirements

Up to the age of 13, or less than age 19, if under the NJ Division of Child Protection and Permanency's protective supervision or mentally or physically incapable of self-care;
Must be a US Citizen or qualified non-citizen; and
Must reside with parent(s), or individual(s) acting as parent(s) (in loco parentis).

Applications can be emailed to: BCCAPNJCKapplications@bccap.org or mailed to: BCCAP/NJCK 718 South Route 130, Burlington, NJ 08016 or dropped off to: 1 Van Sciver Pwky Willingboro, NJ 08046

Once your application has been processed you will be notified via mail as to the status of application.

To speak with our knowledgeable Child Care Resource and Referral Department to obtain names of child care programs that accept the New Jersey Cares for Kids Subsidy Program please contact our Resource Specialist at 609-835-4329 Ext: 5144.

If you should have any questions, please do not hesitate to call and speak with us.

LIVE UNITED



United Way
of Greater Philadelphia
and Southern New Jersey



Eff.: 3/1/20 - All Other

State of New Jersey
DEPARTMENT OF HUMAN SERVICES

2020-2021

INCOME ELIGIBILITY SCHEDULES
FOR PUBLICLY SUBSIDIZED
CHILD CARE ASSISTANCE or SERVICES

Family Size	Federal Head Start Program*	Income Eligibility for the Child Care Assistance Program and Other Selected Child Care Programs Including Preschool Wrap Around Child Care Administered through the New Jersey Department of Human Services					State Funded Kinship Child Care Services	
	Maximum Allowable Annual Family Gross Income	Maximum Allowable Annual Gross Family Income for Entry Level and/or Initial Eligibility			Maximum Allowable Annual Gross Family Income At Redetermination	Maximum Allowable Annual Gross Family Income Prior to Exit	Maximum Allowable Annual Gross Family Income for Eligibility for Clients Under Age 60	Maximum Allowable Annual Gross Family Income for Eligibility for Clients Over Age 60
	Represents 100% of the 2020 Federal Poverty Index	TIER A Represents 150% of the 2020 Federal Poverty Index	TIER B Represents 175% of the 2020 Federal Poverty Index	TIER C Represents 200% of the 2020 Federal Poverty Index	TIER D Represents 250% of the 2020 Federal Poverty Index	TIER E* Represents 85% of the 2020 New Jersey State Median Income	Represents 350% of the 2020 Federal Poverty Index	Represents 500% of the 2020 Federal Poverty Index
1	\$12,760	\$19,140	\$22,330	\$25,520	\$31,900	\$58,194	\$44,660	\$63,800
2	\$17,240	\$25,860	\$30,170	\$34,480	\$43,100	\$69,912	\$60,340	\$86,200
3	\$21,720	\$32,580	\$38,010	\$43,440	\$54,300	\$89,039	\$76,020	\$108,600
4	\$26,200	\$39,300	\$45,850	\$52,400	\$65,500	\$109,645	\$91,700	\$131,000
5	\$30,680	\$46,020	\$53,690	\$61,360	\$76,700	\$117,295	\$107,380	\$153,400
6	\$35,160	\$52,740	\$61,530	\$70,320	\$87,900	\$124,945	\$123,060	\$175,800
7	\$39,640	\$59,460	\$69,370	\$79,280	\$99,100	\$132,595	\$138,740	\$198,200
8	\$44,120	\$66,180	\$77,210	\$88,240	\$110,300	\$140,245	\$154,420	\$220,600
9	\$48,600	\$72,900	\$85,050	\$97,200	\$121,500	\$147,895	\$170,100	\$243,000
10	\$53,080	\$79,620	\$92,890	\$106,160	\$132,700	\$155,545	\$185,780	\$265,400
11	\$57,560	\$86,340	\$100,730	\$115,120	\$143,900	\$163,195	\$201,460	\$287,800
12	\$62,040	\$93,060	\$108,570	\$124,080	\$155,100	\$170,845	\$217,140	\$310,200
For each additional family member add:	\$4,480	\$6,720	\$7,840	\$8,960	\$11,200	\$7,650	\$15,680	\$22,400

Note: Tier E represents the one-time Graduated Phase-Out period of child care assistance that may be utilized for one year.

Source: Annual Update of the HHS Poverty Guidelines, *Federal Register*, Vol. 85, No. 12, Friday, January 17, 2020, Page 3060

Source: Census Bureau Median Family Income by Family Size, Department of Justice, Cases Filed as of November 1, 2019, <https://www.justice.gov/>

Grow NJ Kids is New Jersey's program to raise the quality of child care and early learning across the state. It offers child care and early learning providers access to training, professional development, grants for equipment and materials, and staff scholarships for continuing education. Professional raters visit the program to review quality standards and then programs receive ratings — up to five stars — by meeting an extensive list of quality benchmarks. Go to *GrowNJKids.com* to find a participating provider near you.

Social Service Programs with Child Care Components

There are certain social service programs that include child care. To receive child care through one of the programs listed below, you must be participating in that program/service.

- Child Protective Services (CPS)
- Kinship Child Care
- Work First New Jersey (WFNJ) - welfare
- Transitional Child Care (for former WFNJ recipients)
- Post Adoption Child Care

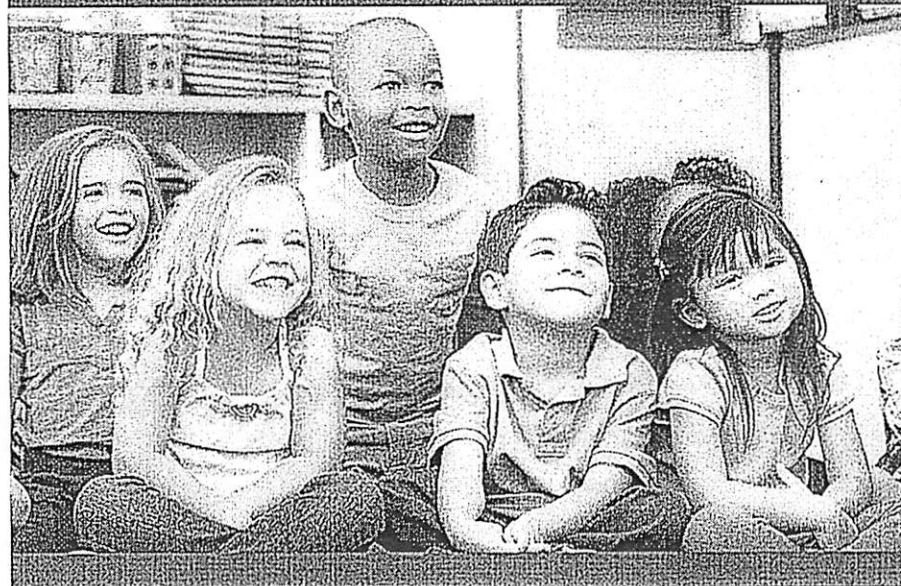
If you are participating in one of these programs and need child care, contact your CCR&R.

Important Information and Community Resources

The New Jersey Department of Human Services, Division of Family Development (DHS/DFD) works in partnership with service providers and other state and municipal agencies throughout the state to help families access quality programs and services that meet their needs. You can find more information by visiting *www.ChildCareNJ.com* or at *www.NJ.gov/humanservices*.

*NJ Department of Human Services
Produced by the NJ DHS (10/18)*

How to Apply for a NJ Child Care Subsidy



There is so much to think about when choosing child care. Balancing location, cost, quality and just feeling good about the child care provider can make this important decision challenging. New Jersey's child care program under the Department of Human Services, Division of Family Development can provide you with valuable information to help you make that selection. The state's child care program can support you with information about applying for child care assistance, where to find child care, licensing and complaint data and what makes a quality program.

As so many families know, child care costs can take up a lot of the monthly budget. The Child Care Subsidy Program can help lower-income families who are working, in training or in school, or a combination of these activities to pay a portion of their child care.

If you are thinking about or are applying for a child care subsidy, here's what you need to know.

Applying for a Child Care Subsidy

As an applicant/parent seeking a child care subsidy, you will be required to provide proof of income, training/school hours and household size to help determine eligibility. All required documents must be submitted to be considered for a subsidy.

Applicant(s)/Parents Eligibility Requirements

- Must be a New Jersey resident;
- Must meet income requirements and not have assets that exceed \$1 million;
- Must be working full time (30 hours or more a week), attending school full time (12 credits or more), or in job training (at least 20 hours a week); and
- Depending on family size and income, may have to contribute to the cost of care (co-pay).

Child Eligibility Requirements

- Up to the age of 13, or less than age 19, if under the NJ Division of Child Protection and Permanency's protective supervision or mentally or physically incapable of self-care;
- Must be a US Citizen or qualified non-citizen; and
- Must reside with parent(s), or individual(s) acting as parent(s) (in loco parentis).

Provider Eligibility Requirements

- Providers must be either a licensed child care provider, a registered family child care provider, or a home or summer camp that is approved by the state; and
- All providers must complete numerous health and safety trainings and required criminal background checks.

Completing and Submitting an Application

To get started, you must first complete, sign and submit an application with the required documents to the Child Care Resource and Referral (CCR&R) agency in your county.

For a complete list of required documents, contact your CCR&R or visit www.ChildCareNJ.com



The CCR&R will review applications within 10 business days of receiving them and a final determination of eligibility will be made within 45 calendar days. You will receive a letter from the CCR&R telling you if you are eligible, not eligible, or if additional information is needed.



You can request an application by visiting or contacting your local CCR&R or printing one at www.ChildCareNJ.com.

Payment

Before payment for your child care can start, both you and your provider must sign the Parent/Applicant and Provider Agreement (PAPA) and the e-Child Care Agreement (ECC).

Parent Co-Payment and Additional Provider Fees

Families eligible to receive a subsidy are required to share the cost of child care; known as a co-pay. The co-payment is based on your family size, gross annual income, hours of care needed and the number of children in care. Co-pays are paid for the first two children only. The co-pay for any child thereafter will be zero.

Selecting a Child Care Program

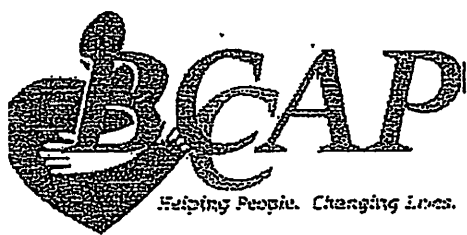
Once your family has been determined eligible to receive child care assistance, you must choose a provider. To make the process move quickly, it is recommended that you find an eligible, quality provider prior to being approved. That means the provider must be licensed, registered or approved by the state.

If you need help finding a child care provider, the CCR&R can provide a list of providers that meet your family's needs. For a list of CCR&Rs, visit www.ChildCareNJ.com or call the NJ Child Care Hotline 1-800-332-9227.

Finding Quality Child Care

Look for a Grow NJ Kids participating program.

Research shows that children who are in quality child care and early learning programs when they are young are better prepared for kindergarten with better reading skills, more math skills and larger vocabularies.



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www.bccap.org

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Do you have a physical or mental condition that makes it harder for you to do what the State regulations require?

If you have a physical or mental condition that makes it harder for you to do what the State regulations require, you may have rights under Section 504 of the Rehabilitation ACT and the Americans with Disabilities Act.

These laws protect people with many different conditions, including diabetes, heart disease, HIV/AIDS, mental health problems, learning disabilities, a history of drug or alcohol addiction, depression, and difficulty with walking, seeing, or hearing. You can tell us if you think you have a disability.

If you cannot do something that we ask you to do, we may be able to help you do it. Here are some ways that we think we can help:

- We can explain your paperwork or responsibilities in another way.
- We can help you complete your paperwork, in person (at our office) or on the telephone if you cannot come to our office.
- We can give you more time to complete your paperwork.

You can choose to give us information regarding your disability. However, in order to assist you, we may share this information with others who are responsible for this program. If you choose not to tell us about your disability, and it is not obvious to us, Burlington County Community Action Program is not responsible for providing an accommodation for you.

If you ask for help and don't get it, you can file a complaint with New Jersey Cares for Kid's ADA Case Manager, Janelle Sample, at (609)835-4329, ext. 4052.



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REQUEST FOR ADA ACCOMMODATION

Date: _____

Customer Name: _____

Case ID: _____

Accommodation requested: _____

Reported disability: _____

Documentation of disability provided () yes () no

Documentation of disability requested () yes () no

Date received _____

Accommodation request:

() approved

() denied

() alternate accommodation offered _____

Rationale for decision: _____

Accommodation provided: _____

Date: _____

Staff signature: _____



CENTRAL INTAKE FORM

Intake Date: _____

Name: _____
First Last

Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Gender: _____ Ethnicity: _____ (Hispanic/not Hispanic/Unknown)

Race: [circle] Native American Asian/Pacific Islander Black White Multi-Racial
Unknown Other

Household Size: _____

Household composite:

- ☐ Single person no children
- ☐ Two adults no children
- ☐ Single parent female
- ☐ Single parent male
- ☐ Two parent household
- ☐ Multigenerational
- ☐ Unknown
- ☐ Other

Highest level of education:

- ☐ Less than 8
- ☐ 9-12
- ☐ HS diploma
- ☐ Equivalency Diploma
- ☐ Post-secondary
- ☐ 2- or 4-year college graduate
- ☐ Graduate/post-secondary
- ☐ Unknown/Other

Employment:

- ☐ Full Time
- ☐ Part Time
- ☐ Seasonal farm worker
- ☐ Unemployed (<6 mos.)
- ☐ Unemployed (>6 mos.)
- ☐ Retired
- ☐ Unknown/Other

Housing: [circle] Own Rent Other permanent housing Homeless Other Unknown

Income: _____ [circle] weekly biweekly monthly annually

Sources of income: [circle] Employment No income Cash benefits (TANF/GA)

Other income source: [check all that apply]

☐ Disability ☐ SSI ☐ Alimony
☐ Workers comp ☐ Social Security ☐ Unknown
☐ Retirement ☐ Veterans ☐ Other
☐ Pension ☐ Child support

Military status: [circle] Veteran Active Unknown Other

Health: Disabled? ☐ Yes ☐ No

Health Insurance: ☐ Yes ☐ No

Insurance type: [circle] Medicaid Medicare NJ Family Care Military Private
Commercial Unknown

Reason for visiting our offices: [check all that apply]

☐ Senior Housing ☐ Woman Resource Center
☐ Housing Assistance ☐ CCYC/Area Council
☐ Utility/Heating Assistance ☐ Childcare Subsidy (New/Renewal)
☐ Head Start/ Early Head Start ☐ Parent Education (Healthy Families/PAT)
☐ Other Explain: _____

Included copy of Photo ID: ☐ Yes ☐ No

Participant's Signature

Date



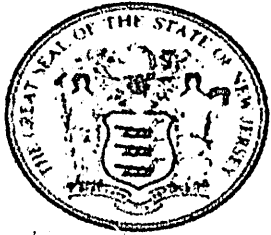
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
MAXIMUM CHILD CARE PAYMENT RATES
CHILD CARE

Effective: January 5, 2020	LICENSED CHILD CARE CENTERS			ACCREDITED CHILD CARE CENTERS			REGISTERED FAMILY CHILD CARE HOMES			ACCREDITED FAMILY CHILD CARE HOMES			APPROVED HOMES FFN & IN-HOME PROVIDERS		
	MONTHLY	WEEKLY	DAILY	MONTHLY	WEEKLY	DAILY	MONTHLY	WEEKLY	DAILY	MONTHLY	WEEKLY	DAILY	MONTHLY	WEEKLY	DAILY
INFANTS <i>Birth to 17 Months</i>															
Full Time Care (6 hrs or more)	994.42	229.66	45.93	1,044.14	241.14	48.23	670.28	154.80	30.96	703.20	162.40	32.48	403.56	93.20	18.64
Part Time Care (less than 6 hrs)	497.21	114.83	22.97	522.07	120.57	24.11	335.14	77.40	15.48	351.60	81.20	16.24	201.78	46.60	9.32
INFANTS <i>Birth to 17 Months w/Special Needs</i>															
Full Time Care (6 hrs or more)	1,193.31	275.59	55.12	1,252.98	289.37	57.87	814.04	188.00	37.60	856.48	197.80	39.56	487.56	112.60	22.52
Part Time Care (less than 6 hrs)	596.66	137.80	27.56	626.49	144.69	28.94	407.02	94.00	18.80	428.24	98.90	19.78	243.78	56.30	11.26
TODDLERS <i>18 to 29 Months</i>															
Full Time Care (6 hrs or more)	829.99	191.68	38.34	871.49	201.27	40.25	670.28	154.80	30.96	703.20	162.40	32.48	403.56	93.20	18.64
Part Time Care (less than 6 hrs)	415.00	95.84	19.17	435.74	100.63	20.13	335.14	77.40	15.48	351.60	81.20	16.24	201.78	46.60	9.32
TODDLERS <i>18 to 29 Months w/Special Needs</i>															
Full Time Care (6 hrs or more)	995.99	230.02	46.00	1,045.79	241.52	48.30	814.04	188.00	37.60	856.48	197.80	39.56	487.56	112.60	22.52
Part Time Care (less than 6 hrs)	498.00	115.01	23.00	522.89	120.76	24.15	407.02	94.00	18.80	428.24	98.90	19.78	243.78	56.30	11.26
PRESCHOOL <i>30 Months to 5 Years</i>															
Full Time Care (6 hrs or more)	690.11	159.38	31.88	724.62	167.35	33.47	526.52	121.60	24.32	549.92	127.00	25.40	314.36	72.60	14.52
Part Time Care (less than 6 hrs)	345.06	79.69	15.94	362.31	83.67	16.73	263.26	60.80	12.16	274.96	63.50	12.70	157.18	36.30	7.26
PRESCHOOL <i>30 Months to 5 Years w/Special Needs</i>															
Full Time Care (6 hrs or more)	876.44	202.41	40.48	920.26	212.53	42.51	670.28	154.80	30.96	703.20	162.40	32.48	403.56	93.20	18.64
Part Time Care (less than 6 hrs)	438.22	101.21	20.24	460.13	106.27	21.25	335.14	77.40	15.48	351.60	81.20	16.24	201.78	46.60	9.32
SCHOOL-AGE <i>5 to 13 Years</i>															
Full Time Care (6 hrs or more)	634.27	146.48	29.30	665.98	153.81	30.76	526.52	121.60	24.32	549.92	127.00	25.40	314.36	72.60	14.52
Part Time Care (less than 6 hrs)	317.14	73.24	14.65	332.99	76.90	15.38	263.26	60.80	12.16	274.96	63.50	12.70	157.18	36.30	7.26
SCHOOL-AGE <i>5 to 19 Years w/Special Needs</i>															
Full Time Care (6 hrs or more)	805.52	186.03	37.21	845.80	195.33	39.07	670.28	154.80	30.96	703.20	162.40	32.48	403.56	93.20	18.64
Part Time Care (less than 6 hrs)	402.76	93.02	18.60	422.90	97.67	19.53	335.14	77.40	15.48	351.60	81.20	16.24	201.78	46.60	9.32

The amounts listed above represent the maximum authorized rates for child care. The parent/applicant may select a provider with a cost higher than these maximum rates; however, in such instances, the parent/applicant is totally responsible for all expenses in excess of these maximum rates, as well as for the required co-payment.

Provider/caregivers eligible for accredited rates include:

- > Licensed child care centers accredited by the National Association for the Education of Young Children - National Academy of Early Childhood Programs, Council on Accreditation (COA) of Services for Families and Children, and National Early Childhood Professional Accreditation (NECPA);
- > Registered family child care providers accredited by the National Association for Family Child Care;
- > School age child care programs accredited by the National School Age Child Care Alliance; and
- > Summer camps accredited by the American Camping Association.



STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
MAXIMUM CHILD CARE PAYMENT RATES
CHILD CARE

Effective: January 5, 2020

	GROW NJ KIDS 3-STAR RATED PROVIDERS			GROW NJ KIDS 4-STAR RATED PROVIDERS			GROW NJ KIDS 5-STAR RATED PROVIDERS		
	MONTHLY	WEEKLY	DAILY	MONTHLY	WEEKLY	DAILY	MONTHLY	WEEKLY	DAILY
INFANTS <i>Birth to 17 Months</i> Full Time Care (6 hrs or more) Part Time Care (less than 6 hrs)	1,093.50 546.75	252.54 126.27	50.51 25.25	1,137.55 568.78	262.71 131.36	52.54 26.27	1,194.42 597.21	275.85 137.92	55.17 27.58
INFANTS <i>Birth to 17 Months w/Special Needs</i> Full Time Care (6 hrs or more) Part Time Care (less than 6 hrs)	1,312.20 656.10	303.05 151.52	60.61 30.30	1,365.06 682.53	315.26 157.63	63.05 31.53	1,433.30 716.65	331.02 165.51	66.20 33.10
TODDLERS <i>18 to 29 Months</i> Full Time Care (6 hrs or more) Part Time Care (less than 6 hrs)	871.80 435.90	201.34 100.67	40.27 20.13	906.83 453.42	209.43 104.71	41.89 20.94	952.18 476.09	219.90 109.95	43.98 21.99
TODDLERS <i>18 to 29 Months w/Special Needs</i> Full Time Care (6 hrs or more) Part Time Care (less than 6 hrs)	1,046.16 523.08	241.61 120.80	48.32 24.16	1,088.20 544.10	251.32 125.66	50.26 25.13	1,142.61 571.31	263.88 131.94	52.78 26.39
PRESCHOOL <i>30 Months to 5 Years</i> Full Time Care (6 hrs or more) Part Time Care (less than 6 hrs)	745.19 372.60	172.10 86.05	34.42 17.21	775.07 387.54	179.00 89.50	35.80 17.90	813.82 406.91	187.95 93.97	37.59 18.79
PRESCHOOL <i>30 Months to 5 Years w/Special Needs</i> Full Time Care (6 hrs or more) Part Time Care (less than 6 hrs)	946.39 473.20	218.57 109.28	43.71 21.86	984.34 492.17	227.33 113.67	45.47 22.73	1,033.56 516.78	238.70 119.35	47.74 23.87

The amounts listed above represent the maximum authorized rates for child care. The parent/applicant may select a provider with a cost higher than these maximum rates; however, in such instances, the parent/applicant is totally responsible for all expenses in excess of these maximum rates, as well as for the required co-payment.

Provider/caregivers eligible for accredited rates include:

- > Licensed child care centers accredited by the National Association for the Education of Young Children - National Academy of Early Childhood Programs, Council on Accreditation (COA) of Services for Families and Children, and National Early Childhood Professional Accreditation (NECPA);
- > Registered family child care providers accredited by the National Association for Family Child Care;
- > School age child care programs accredited by the National School Age Child Care Alliance; and
- > Summer camps accredited by the American Camping Association.

NJ CHILD CARE SUBSIDY PROGRAM

Documentation Checklist

Below is a **general list** of required documents for each section of the Child Care Subsidy Program Application that must be submitted for **initial eligibility** consideration. Additional documents may also be required based on program requirements. Please contact and check with 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 by visiting www.ChildCareNJ.gov.

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

ADDRESS

For any 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 (if applicable) | <input type="checkbox"/> Medical documentation |
| <input type="checkbox"/> School records showing residence | <input type="checkbox"/> Vehicle Registration or Title or NJ Driver's License |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship | <input type="checkbox"/> Most recent filed tax forms showing dependency
(For dependents 18+, must provide filed IRS 1040 Form) |

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

RELATIONSHIP AND HOUSEHOLD SIZE

For any child in need of child care services, submit the following to prove relationship:

- ☐ 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:

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

NJ CHILD CARE SUBSIDY PROGRAM

Documentation Checklist Continued

CHILD CITIZENSHIP STATUS

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

- | | |
|---|--|
| <input type="checkbox"/> U.S. 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) |
| <input type="checkbox"/> U.S. Passport or Passport Card | <input type="checkbox"/> Refugee Travel Document (Form I-571) |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> USCIS/INS Form I-94 stamped "Refugee", "Parolee", "Asylee", or "Notice of Action" |

INCOME

INCOME FROM EMPLOYMENT:

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

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
If approved for subsidy, applicant/co-applicant will be required to follow up with pay stubs.

- ☐ **SELF-EMPLOYED ONLY:** Submit Current 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 – minimum of 6 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 each applicant/co-applicant, submit one of the following:

- ☐ **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 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.

Rev 12/08

Child Care and Early Education
Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES



ADDRESS REPLY TO:
Burlington County Community Action Program (BCCAP)
718 Route 130 South
Burlington, NJ 08016

Please Read Instructions, Print Clearly, Answer All Questions

Applicant/Co-Applicant Information

1. PARENT/APPLICANT NAME
Last: _____ (First: _____) (M.I.: _____)
SOCIAL SECURITY NO. _____ DATE OF BIRTH: _____ (Mo./Dy./Yr.)
RACE: ☐ American Indian or Alaskan ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander ☐ White
ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No SEX: ☐ Male ☐ Female

2. PARENT/CO-APPLICANT NAME (if Applicable)
Last: _____ (First: _____) (M.I.: _____)
SOCIAL SECURITY NO. _____ DATE OF BIRTH: _____ (Mo./Dy./Yr.)
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: _____
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.

Family Income Information

For each source, enter income information either by week, bi-weekly, month or year. Include child support and/or alimony.

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:	

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/APPLICANT	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:			

PARENT/CO-APPLICANT	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:			

Proof of Current School Registration Must Be Attached

Work/School/Training Information

Name of PRIMARY Work/School/Training Site: _____
Complete Address (Street, City, State, & Zip): _____
(If applicable, enter "Self-Employed")
Telephone Number: _____
Check One: Enter Starting Date (Mo/Dy/Yr): _____
Week and Months/Year for Work/School/Training: _____
Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training: _____

Name of SECONDARY Work/School/Training Site: _____
Complete Address (Street, City, State, & Zip): _____
Telephone Number: _____
Check One: Enter Starting Date (Mo/Dy/Yr): _____
Week and Months/Year for Work/School/Training: _____
Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training: _____

Work ☐ School ☐ Training ☐
Start Date: _____
Full Time ☐ Part Time ☐
Hrs/Wk: _____ Mos/Yr: _____
Seasonal Employment ☐

Work ☐ School ☐ Training ☐
Start Date: _____
Full Time ☐ Part Time ☐
Hrs/Wk: _____ Mos/Yr: _____
Seasonal Employment ☐

* Incomplete Applications Will Not Be Accepted *

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 (CWABSS) 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 benefit? ☐ 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.) _____	____-____-____ (9 Digit Number)	____/____/____ (Mo./Dy./Yr.)
<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
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		
ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Indicate the hour/days/duration for which child care is needed: _____		
Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state special need and attach verification:</i> _____		
Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i>		
AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> 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.) _____	____-____-____ (9 Digit Number)	____/____/____ (Mo./Dy./Yr.)
<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
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		
ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Indicate the hour/days/duration for which child care is needed: _____		
Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state special need and attach verification:</i> _____		
Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i>		
AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> 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.) _____	____-____-____ (9 Digit Number)	____/____/____ (Mo./Dy./Yr.)
<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>		
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		
ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Indicate the hour/days/duration for which child care is needed: _____		
Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state special need and attach verification:</i> _____		
Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i>		
AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> 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:

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.) _____		
<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>			
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			
ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Indicate the hour/days/duration for which child care is needed: _____			
Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state special need and attach verification:</i> _____			
Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____			
AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending			
DYES USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____			
Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____			
5	FULL NAME OF CHILD NO. 5	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>			
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			
ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Indicate the hour/days/duration for which child care is needed: _____			
Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state special need and attach verification:</i> _____			
Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____			
AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending			
DYES USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____			
Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____			
6	FULL NAME OF CHILD NO. 6	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>			
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			
ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Indicate the hour/days/duration for which child care is needed: _____			
Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state special need and attach verification:</i> _____			
Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____			
AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending			
DYES USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____			
Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____			
7	FULL NAME OF CHILD NO. 7	SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) _____ (First) _____ (M.I.) _____ (9 Digit Number) _____ (Mo./Dy./Yr.) _____		
<i>The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.</i>			
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			
ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Indicate the hour/days/duration for which child care is needed: _____			
Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state special need and attach verification:</i> _____			
Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</i> _____			
AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending			
DYES USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____			
Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment 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 08625

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: _____



Burlington County Community Action Program

718 Route 130 South
Burlington, NJ 08016

• (609) 835-4329
• Facsimile (609) 835-9879

DR. Ruben A. Johnson
Executive Director

Work First New Jersey/New Jersey Cares for Kids CHILD SUPPORT VERIFICATION

Print your name _____

If you DO have a child support case:

- ☐ Please check this box if you have a child support case through the Probation Department/New Jersey Child Support, or out of state agency.

Please attach payment history screens from: njchildsupport.org or from an out of state agency

- ☐ Please check this box if you receive child support through a “mutual agreement” between you and the other parent of your child, and please complete the information below:

I (applicant/parent), receive \$_____ in child support every_____.

If you DO NOT have a child support case:

- ☐ Please check this box if you 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 the Burlington County Community Action Program may verify information. Deliberate misinformation can result in a denial of a subsidy.

Applicant/Parent Signature

Date



United Way
of Burlington County

In order for us to contact you more efficiently:

Please fill in the following:

Applicant

Name _____

Home Phone _____

Cellular Phone _____

Work Phone _____

E-mail _____

.....

In order for us to contact you more efficiently:

Please fill in the following:

Co- Applicant

Name _____

Home Phone _____

Cellular Phone _____

Work Phone _____

E-mail _____