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.
<table>
<thead>
<tr>
<th>Family Size</th>
<th>Federal Head Start Program*</th>
<th>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</th>
<th>State Funded Child Care Services</th>
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<tr>
<td></td>
<td>Maximum Allowable Annual Gross Family Income for Entry Level and/or Initial Eligibility</td>
<td>Maximum Allowable Annual Gross Family Income at Redetermination</td>
<td>Maximum Allowable Annual Gross Family Income Prior to Exit</td>
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<td>Represents 150% of the 2020 Federal Poverty Index</td>
<td>Represents 175% of the 2020 Federal Poverty Index</td>
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<td>9</td>
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<td>11</td>
<td>$57,560</td>
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<tr>
<td>12</td>
<td>$62,040</td>
<td>$93,060</td>
<td>$108,570</td>
</tr>
</tbody>
</table>

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.
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;
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• 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.
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.
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: 

Burlington County Community Action Program

718 Route 130 South
Burlington, New Jersey 08016

Dr. Ruben Johnson
Executive Director

Child Care Resource & Referral
1-877-322-2278
www. bccap.org
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

<table>
<thead>
<tr>
<th>Effective: January 5, 2020</th>
<th>LICENSED CHILD CARE CENTERS</th>
<th>ACCREDITED CHILD CARE CENTERS</th>
<th>REGISTERED FAMILY CHILD CARE HOMES</th>
<th>ACCREDITED FAMILY CHILD CARE HOMES</th>
<th>APPROVED HOMES</th>
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<tbody>
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<td>INFANTS</td>
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<td></td>
<td></td>
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<tr>
<td>Birth to 17 Months</td>
<td></td>
<td></td>
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<tr>
<td>Full Time Care (6 hrs or more)</td>
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<td>229.66</td>
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<td>22.97</td>
<td>522.07</td>
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<tr>
<td>INFANTS w/ Special Needs</td>
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<tr>
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<td>829.99</td>
<td>191.68</td>
<td>38.34</td>
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<td>23.00</td>
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<td>PRESCHOOL</td>
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<tr>
<td>30 Months to 5 Years</td>
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<tr>
<td>Full Time Care (6 hrs or more)</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
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<th>GROW NJ KIDS</th>
<th>GROW NJ KIDS</th>
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<tr>
<td></td>
<td>3-STAR RATED PROVIDERS</td>
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<td>30 Months to 5 Years</td>
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<td>473.20</td>
<td>109.28</td>
<td>21.86</td>
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</table>

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> 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:

<table>
<thead>
<tr>
<th>COLUMN A (PRIMARY DOCUMENTATION)</th>
<th>OR</th>
<th>COLUMN B (SECONDARY DOCUMENTATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Driver's License</td>
<td></td>
<td>□ High School Diploma, GED, or College Diploma</td>
</tr>
<tr>
<td>□ Government Issued Photo ID Card</td>
<td></td>
<td>□ Health Insurance Card or Prescription Card</td>
</tr>
<tr>
<td>□ Military Photo ID Card</td>
<td></td>
<td>□ Printed Paystub</td>
</tr>
<tr>
<td>□ Employer Issued Photo ID</td>
<td></td>
<td>□ Birth Certificate (applicant/co-applicant or child's)</td>
</tr>
<tr>
<td>□ School Photo ID</td>
<td></td>
<td>□ Social Security Card</td>
</tr>
<tr>
<td>□ Passport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Permanent Resident Card (Green Card)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDRESS

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

- □ Current Rental/Lease Agreement or Mortgage Bill
- □ Court decree (if applicable)
- □ School records showing residence
- □ Custody Agreement or other court documents for guardianship
- □ Home utility bills
- □ Medical documentation
- □ Vehicle Registration or Title or NJ Driver's License
- □ 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:

- □ Birth Certificate
- □ Custody Agreement or other court documents for guardianship (if applicable)
- □ Court decree (if applicable)
- □ 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:

- U.S. Birth Certificate
- Certificate of Citizenship
- U.S. Passport or Passport Card
- Social Security Card
- Permanent Resident Card (Green Card)
- USCIS Form I-551 (Alien Registration Card)
- Refugee Travel Document (Form I-571)
- 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 pay stubs 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

*DFD 10-17*
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 worker'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 1-5, provide the requested information.

Questions 10-15. Check the appropriate box to indicate if you are applying for assistance because you are ineligible for the TANF or TCC programs.

Questions 16-18. Check whether you understand you are applying for voucher or contracted child care services.

Questions 19-21. 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.
### 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**

<table>
<thead>
<tr>
<th>(Last)</th>
<th>(First)</th>
<th>(M.I.)</th>
<th>(S Digit Number)</th>
<th>(Mo./Dy./Yr.)</th>
</tr>
</thead>
</table>

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

- [ ] Hispanic/Latino: [ ] Yes [ ] No
- [ ] Sex: [ ] Male [ ] Female

Indicate the hour/day/duration for which child care is needed:

Child has a special need: [ ] No [ ] Yes
Child is a U.S. citizen or a qualified alien: [ ] No [ ] Yes

If yes, state special need and attach verification:

If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)

<table>
<thead>
<tr>
<th>AGENCY USE: Status (Check One):</th>
<th>[ ] Denied</th>
<th>[ ] Approved</th>
<th>[ ] Waiting List</th>
<th>[ ] Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>DYFS USE: (Enter the NJ Spirit Case No.)</td>
<td>Program:</td>
<td>Code:</td>
<td>Component:</td>
<td></td>
</tr>
<tr>
<td>Assessed Co-Payment (Enter and Circle One):</td>
<td>$________ Wk.</td>
<td>Mo.</td>
<td>Enrollment Date:</td>
<td></td>
</tr>
</tbody>
</table>

**FULL NAME OF CHILD NO. 2**

<table>
<thead>
<tr>
<th>(Last)</th>
<th>(First)</th>
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<th>(S Digit Number)</th>
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</tr>
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</table>

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

- [ ] Hispanic/Latino: [ ] Yes [ ] No
- [ ] Sex: [ ] Male [ ] Female

Indicate the hour/day/duration for which child care is needed:

Child has a special need: [ ] No [ ] Yes
Child is a U.S. citizen or a qualified alien: [ ] No [ ] Yes

If yes, state special need and attach verification:

If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)

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<td>Mo.</td>
<td>Enrollment Date:</td>
<td></td>
</tr>
</tbody>
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**FULL NAME OF CHILD NO. 3**

<table>
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<tr>
<th>(Last)</th>
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<th>(Mo./Dy./Yr.)</th>
</tr>
</thead>
</table>

The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.

- [ ] Hispanic/Latino: [ ] Yes [ ] No
- [ ] Sex: [ ] Male [ ] Female

Indicate the hour/day/duration for which child care is needed:

Child has a special need: [ ] No [ ] Yes
Child is a U.S. citizen or a qualified alien: [ ] No [ ] Yes

If yes, state special need and attach verification:

If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)

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</tbody>
</table>
### Child Care and Early Education
#### Service Eligibility Application

**State of New Jersey • Department of Human Services**

<table>
<thead>
<tr>
<th>Parent/Applicant Name:</th>
<th>Date of Birth: / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number:</td>
<td></td>
</tr>
</tbody>
</table>

#### Complete for Each Additional Child for Whom You Are Requesting Subsidy

<table>
<thead>
<tr>
<th>FULL NAME OF CHILD NO. 4</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First)</td>
<td>(M.I.)</td>
</tr>
<tr>
<td>(9 Digit Number)</td>
<td>(Mo./Day/Yr.)</td>
<td></td>
</tr>
</tbody>
</table>

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
- [ ] Male, [ ] Female

Indicate the hours/days/duration for which child care is needed:

- [ ] If yes, state special need and attach verification:
- [ ] Child is a U.S. citizen or a qualified alien? [ ] Yes, [ ] No

**AGENCY USE: Status (Check One):**
- [ ] Denied
- [ ] Approved
- [ ] Waiting List
- [ ] Pending

**DYES USE: (Enter the NJ Split Case No.)**
- [ ] Program: [ ] Code: [ ] Component:
- [ ] Assisted Co-Payment (Enter and Circle One): [ ] Wk. [ ] Mo.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
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- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian/Pacific Islander
- [ ] White

**ETHNICITY:**
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- [ ] Male, [ ] Female

Indicate the hours/days/duration for which child care is needed:

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**AGENCY USE: Status (Check One):**
- [ ] Denied
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**DYES USE: (Enter the NJ Split Case No.)**
- [ ] Program: [ ] Code: [ ] Component:
- [ ] Assisted Co-Payment (Enter and Circle One): [ ] Wk. [ ] Mo.

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<th>DATE OF BIRTH</th>
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- [ ] White

**ETHNICITY:**
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- [ ] Male, [ ] Female

Indicate the hours/days/duration for which child care is needed:

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- [ ] Denied
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**ETHNICITY:**
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- [ ] Male, [ ] Female

Indicate the hours/days/duration for which child care is needed:

- [ ] If yes, state special need and attach verification:
- [ ] Child is a U.S. citizen or a qualified alien? [ ] Yes, [ ] No

**AGENCY USE: Status (Check One):**
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- [ ] Approved
- [ ] Waiting List
- [ ] Pending

**DYES USE: (Enter the NJ Split Case No.)**
- [ ] Program: [ ] Code: [ ] Component:
- [ ] Assisted Co-Payment (Enter and Circle One): [ ] Wk. [ ] Mo.

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**DBS/12/24A(12/06)**
# NJ Child Care Subsidy Program Application Addendum

All families receiving a subsidy through the NJ Child Care Subsidy Program must provide the following information:

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are your family assets worth more than $1,000,000?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Note: Assets may include but are not limited to, personal bank accounts, business accounts, real estate, and personal property.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the primary language spoken in your home is **not** English, please specify that language: 

Is the Applicant:  
- [ ] On Full-Time Active Military Duty  
- [ ] In the National Guard/Military Reserve  
- [ ] Self-Employed

Is there a Co-Applicant?  
- [ ] Yes

If yes, are they:  
- [ ] On Full-Time Active Military Duty  
- [ ] In the National Guard/Military Reserve  
- [ ] Self-Employed

Are you homeless based on one or more of the following?  
- 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.

---

**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 not 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.
   - Failing to accurately verify child attendance on voucher payment records/forms within the reporting timeframe.
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 Date: __________

Staff Member Certification: __________________________

Note: __________________________

Name of CCR&R or CBC Provider: __________________________

DHS/CC:3 (12/08)
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