

Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY ● DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

Burlington Community Action Partnership, Inc. 718 Route 130 South

Burlington, NJ 08016 609-386-5800

EMAIL REPLY TO:

childcaresubsidy@bccap.org

					
Par	rent/Applicant Name:				
Soc	cial Security Number:			DateofB	irth:/
					_
	Complete for Each Add	litional Chil	d for Whom `	You Are Requesting Su	ubsidy
4	FULL NAME OF CHILD NO. 4			SOCIAL SECURITY NO.	DATE OF BIRTH
	ETHNICITY: Hispanic/Latino: ☐ Yes ☐ No Indicate the hour/days/duration for which child care Child has a special need: ☐ No Yes If ye Child is a US citizen or a qualified alien? No Y	Asian Bla SEX: Male e is needed: es, state special fees If yes, attach if applicable,	nck or African America Female need and attach v verification (copy Resident Alien Ca	an Native Hawaiian/Pacific Islan erification: of Social Security Card and Bir ard)	nder White
	AGENCYUSE: Status (Check One):				
	DYFS USE: (Enter the NJ Spirit Case No.)			Code:	Component:
	Assessed Co-Payment (Enter and Circle One): \$	VVK	MO	Enrollment Date:	
5	FULL NAME OF CHILD NO. 5			SOCIAL SECURITY NO.	DATE OF BIRTH
	(Last) The following information is needed for statistical purpose. RACE: American Indian or Alaskan ETHNICITY: Hispanic/Latino: Yes No Indicate the hour/days/duration for which child care Child has a special need: No Yes If ye	Asian	ack or African Americ	can 🗆 Native Hawaiian/Pacific Isl	(Mo./Dy./Yr.) response. ander□ White
	Child is a US citizen or a qualified alien? No Yes, state special need and attach verification. Yes, state special need and attach verification. Yes If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)				
	AGENCYUSE: Status (Check One):	☐ Approved	☐ Waiting List	☐ Pending	
	DYFS USE: (Enter the NJ Spirit Case No.) Assessed Co-Payment (Enter and Circle One): \$		Program:	Code:	Component:
6			Program:	Code:	Component: / / / DATE OF BIRTH
6	Assessed Co-Payment (Enter and Circle One): \$ FULL NAME OF CHILD NO. 6 (Last) The following information is needed for statistical pure RACE: American Indianor Alaskan ETHNICITY: Hispanic/Latino: Yes No Indicate the hour/days/duration for which child care Child has a special need: No Yes If Child is a US citizen or a qualified alien? No Yes	Wk. (First) Irposes. Check one Asian Bla SEX: Male e is needed: yes, state specials is If yes, attach	Program:Mo(M.I.) e or more of the app ack or African America Female al need and attach verification (copy	Code: Enrollment Date: SOCIAL SECURITY NO. (9 Digit Number) ropriate boxes to indicate applicant in an Native Hawaiian/Pacific Islan verification: of Social Security Card and Bin	DATE OF BIRTH (Mo./Dy./Yr.) response. nder
6	Assessed Co-Payment (Enter and Circle One): \$	Wk	Program: Mo. (M.I.) e or more of the appack or African America Female al need and attach verification (copy Resident Alien Ca	Code: Enrollment Date: SOCIAL SECURITY NO. (9 Digit Number) ropriate boxes to indicate applicant an Native Hawaiian/Pacific Islan verification: of Social Security Card and Binard)	DATE OF BIRTH (Mo./Dy./Yr.) response. nder
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