Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY ● DEPARTMENT OF HUMAN SERVICES

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.)

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

RACE: ☐ American Indian or Alaskan   ☐ Asian   ☐ Black or African American   ☐ Native Hawaiian/Pacific Islander   ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes   ☐ No   **SEX:** ☐ Male   ☐ Female

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

Child has a special need: ☐ No   Yes   *If yes, state special need and attach verification:* _____

Child is a US citizen or a qualified alien?   No   Yes   *If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)*

AGENCY USE: Status (Check One):   ☐ Denied   ☐ Approved   ☐ Waiting List   ☐ Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____   Program: _____   Code: _____   Component: _____

Assessed Co-Payment (Enter and Circle One): $_____   Wk.   Mo. _____   Enrollment Date: ____ / ____ / ____

5 FULL NAME OF CHILD NO. 5   SOCIAL SECURITY NO.   DATE OF BIRTH

_____ _____ _____   _____   _____
(Last)   (First)   (M.I.)   (9 Digit Number)   (Mo./Dy./Yr.)

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

RACE: ☐ American Indian or Alaskan   ☐ Asian   ☐ Black or African American   ☐ Native Hawaiian/Pacific Islander   ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes   ☐ No   **SEX:** ☐ Male   ☐ Female

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

Child has a special need: ☐ No   Yes   *If yes, state special need and attach verification:* _____

Child is a US citizen or a qualified alien?   No   Yes   *If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)*

AGENCY USE: Status (Check One):   ☐ Denied   ☐ Approved   ☐ Waiting List   ☐ Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____   Program: _____   Code: _____   Component: _____

Assessed Co-Payment (Enter and Circle One): $_____   Wk.   Mo. _____   Enrollment Date: ____ / ____ / ____

6 FULL NAME OF CHILD NO. 6   SOCIAL SECURITY NO.   DATE OF BIRTH

_____ _____ _____   _____   _____
(Last)   (First)   (M.I.)   (9 Digit Number)   (Mo./Dy./Yr.)

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

RACE: ☐ American Indian or Alaskan   ☐ Asian   ☐ Black or African American   ☐ Native Hawaiian/Pacific Islander   ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes   ☐ No   **SEX:** ☐ Male   ☐ Female

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

Child has a special need: ☐ No   ☐ Yes   *If yes, state special need and attach verification:* _____

Child is a US citizen or a qualified alien? ☐ No   ☐ Yes   *If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)*

AGENCY USE: Status (Check One):   ☐ Denied   ☐ Approved   ☐ Waiting List   ☐ Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____   Program: _____   Code: _____   Component: _____

Assessed Co-Payment (Enter and Circle One): $_____   Wk.   Mo. _____   Enrollment Date: ____ / ____ / ____

7 FULL NAME OF CHILD NO. 7   SOCIAL SECURITY NO.   DATE OF BIRTH

_____ _____ _____   _____   _____
(Last)   (First)   (M.I.)   (9 Digit Number)   (Mo./Dy./Yr.)

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

RACE: ☐ American Indian or Alaskan   ☐ Asian   ☐ Black or African American   ☐ Native Hawaiian/Pacific Islander   ☐ White

ETHNICITY: Hispanic/Latino: ☐ Yes   ☐ No   **SEX:** ☐ Male   ☐ Female

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

Child has a special need: ☐ No   ☐ Yes   *If yes, state special need and attach verification:* _____

Child is a US citizen or a qualified alien? ☐ No   ☐ Yes   *If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)*

AGENCY USE: Status (Check One):   ☐ Denied   ☐ Approved   ☐ Waiting List   ☐ Pending

DYFS USE: (Enter the NJ Spirit Case No.) _____   Program: _____   Code: _____   Component: _____

Assessed Co-Payment (Enter and Circle One): $_____   Wk.   Mo. _____   Enrollment Date: ____ / ____ / ____

DHS/CC:2A (12/08)