

New Jersey Child Care Assistance Program Application Additional Child(ren) Information Include each child needing child care assistance

Applicant Name*:								Co-Applicant Name:								
Social Security Number: – –							Social Security Number: – –									
Dat	te of Birth (MM/DD/YYYY)*:		1 1			Γ	Date of	Birth (MM/D	D/YYY	Y):	1	1				
CHILD #5	Last Name*:						First Name*: M.I.:									
	Social Security Number*: – –						Date of Birth (MM/DD/YYYY)*: / /									
	Gender at Birth*: Female Male						Is the child Hispanic/Latino?*: Yes No									
	The following information is fo	or statist	tical purposes. Che	ck any	that app						nerican	/Alaskan N	ative			
	Asian Black/African					_		Other:								
	Is the child a U.S. citizen or a (If yes, attach with your applic				Yes	_ No	-	rity card/Dor	manon	t Posidont C	ard (Cr	oon Card))				
	Does the child have a docume												nation E	orm)		
						0, y0				, 00 210 Op				onny		
	Name of child care provider (if selected): Care is needed: SUN MON TUES WED THURS										SAT					
	Start Time:										L					
	End Time:															
CHILD #6	Last Name*:						First Name*: M.I.:									
	Social Security Number*: – –						Date of Birth (MM/DD/YYYY)*: / /									
	Gender at Birth*: Female Male						Is the child Hispanic/Latino?*: Yes No									
	The following information is fo	or statist	tical purposes. Che	ck any	that app			•				/Alaskan N	ative			
			ican 📋 Native H					Other:								
	Is the child a U.S. citizen or a							ritu oord/Dor		t Desident C	ard (Cr	oon Cordl				
	(If yes, attach with your applic Does the child have a docume												nation E	orm)		
	Name of child care provider (i		,			s, yu		eeu lo comp		, cc-210 Sp			alion i	onny		
						WED THURS					FRI SAT					
	Start Time:						L			mente						
	End Time:															
	Last Name*: M.I.:															
CHILD #7	Social Security Number*: – –						Date of Birth (MM/DD/YYYY)*: / /									
	Gender at Birth*: Female		lale					Hispanic/La	,		, No	,				
	The following information is fo			ck any	that app			•				/Alaskan N	ative			
	🗌 Asian 📋 Black/Africar	n Ameri	ican 🗌 Native H	lawaiia	n/Pacifi	c Isla	ander									
	Is the child a U.S. citizen or a							ritu oord/Dor		t Decident C	ard (Cr	oon Cordl				
	• • • • • • • • • • • • • • • • • • • •	(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card)) Does the child have a documented disability?: Yes No (If Yes, you will need to complete the CC-216 Special Needs Certification Form)														
	Name of child care provider (if selected):															
							Г	WED		THURS	I r	FRI	Г	SAT		
	Start Time:] •		
	End Time:															
CHILD #8	Last Name*: First Name*: M.I.:															
	Social Security Number*: – –						Date of Birth (MM/DD/YYYY)*: / /									
	Gender at Birth*: Female Male						Is the child Hispanic/Latino?*: Yes No									
		The following information is for statistical purposes. Check any that apply*: White/Caucasian Native American/Alaskan Native														
			ican 📋 Native H					Other:								
	Is the child a U.S. citizen or a							rity oord/Dor	monon	t Dooidont C	ord (Cr	oon Cordl				
ъ	(If yes, attach with your applic												ation F	orm)		
		Does the child have a documented disability?: Yes No (If Yes, you will need to complete the CC-216 Special Needs Certification Form) Name of child care provider (if selected):														
	Care is needed: SUN MON TUES WED THURS FRI SAT															
		IN	,		TUES		Γ	WED		THURS	Г	FRI	Γ	SAT		
		IN	,] TUES			WED		THURS		_ FRI		SAT		