



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: - - | |
| Date of Birth (MM/DD/YYYY)*: / / | | Date of Birth (MM/DD/YYYY): / / | |

| | | | | | | | |
|-----------------|---|------------------------------|--|------------------------------|--------------------------------|------------------------------|------------------------------|
| CHILD #5 | Last Name*: | | First Name*: | | M.I.: | | |
| | Social Security Number*: | | Date of Birth (MM/DD/YYYY)*: | | / / | | |
| | Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male | | Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native | | | | | | |
| | <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____ | | | | | | |
| | Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i> | | | | | | |
| | Does the child have a documented disability?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i> | | | | | | |
| | Name of child care provider (if selected): | | | | | | |
| Care is needed: | <input type="checkbox"/> SUN | <input type="checkbox"/> MON | <input type="checkbox"/> TUES | <input type="checkbox"/> WED | <input type="checkbox"/> THURS | <input type="checkbox"/> FRI | <input type="checkbox"/> SAT |
| Start Time: | | | | | | | |
| End Time: | | | | | | | |

| | | | | | | | |
|-----------------|---|------------------------------|--|------------------------------|--------------------------------|------------------------------|------------------------------|
| CHILD #6 | Last Name*: | | First Name*: | | M.I.: | | |
| | Social Security Number*: | | Date of Birth (MM/DD/YYYY)*: | | / / | | |
| | Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male | | Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native | | | | | | |
| | <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____ | | | | | | |
| | Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i> | | | | | | |
| | Does the child have a documented disability?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i> | | | | | | |
| | Name of child care provider (if selected): | | | | | | |
| Care is needed: | <input type="checkbox"/> SUN | <input type="checkbox"/> MON | <input type="checkbox"/> TUES | <input type="checkbox"/> WED | <input type="checkbox"/> THURS | <input type="checkbox"/> FRI | <input type="checkbox"/> SAT |
| Start Time: | | | | | | | |
| End Time: | | | | | | | |

| | | | | | | | |
|-----------------|---|------------------------------|--|------------------------------|--------------------------------|------------------------------|------------------------------|
| CHILD #7 | Last Name*: | | First Name*: | | M.I.: | | |
| | Social Security Number*: | | Date of Birth (MM/DD/YYYY)*: | | / / | | |
| | Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male | | Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native | | | | | | |
| | <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____ | | | | | | |
| | Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i> | | | | | | |
| | Does the child have a documented disability?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i> | | | | | | |
| | Name of child care provider (if selected): | | | | | | |
| Care is needed: | <input type="checkbox"/> SUN | <input type="checkbox"/> MON | <input type="checkbox"/> TUES | <input type="checkbox"/> WED | <input type="checkbox"/> THURS | <input type="checkbox"/> FRI | <input type="checkbox"/> 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*: <input type="checkbox"/> Female <input type="checkbox"/> Male | | Is the child Hispanic/Latino?*: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | The following information is for statistical purposes. Check any that apply*: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native | | | | | | |
| | <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____ | | | | | | |
| | Is the child a U.S. citizen or a lawful permanent resident?*: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i> | | | | | | |
| | Does the child have a documented disability?: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i> | | | | | | |
| | Name of child care provider (if selected): | | | | | | |
| Care is needed: | <input type="checkbox"/> SUN | <input type="checkbox"/> MON | <input type="checkbox"/> TUES | <input type="checkbox"/> WED | <input type="checkbox"/> THURS | <input type="checkbox"/> FRI | <input type="checkbox"/> SAT |
| Start Time: | | | | | | | |
| End Time: | | | | | | | |