



The  
Children's  
Home Society

O F N E W J E R S E Y<sup>®</sup>

— Ocean County Services —

1433 Hooper Avenue, Suite 340 ♥ Toms River, New Jersey 08753 ♥ Phone: 732-557-9633 ♥ Fax: 732-557-0588 ♥ [www.chsofnj.org](http://www.chsofnj.org)

**MEMO:**

**To: Parents receiving subsidized child care**

**From: CHSofNJ Director and staff**

- Walk-in visits to make inquiries about an **application or redetermination** will be limited to **Monday and Wednesday**. Our office hours are 8:30AM to 4:30PM, and Wednesday to 6PM. The last walk-in will be taken at 4PM on Monday and 5:30 on Wednesday.
- Due to the high volume of applications that are received by CHSofNJ, there cannot be a complete review of your application when submitted in person. Applications may be submitted Monday through Friday from 8:30AM to 4:30PM, and Wednesday to 6PM.
- Due to the high volume of redeterminations that are sent and must be received in a timely manner by CHSofNJ, there cannot be a complete review of your redetermination when submitted in person. Redeterminations may be submitted Monday through Friday from 8:30AM to 4:30PM, and Wednesday to 6PM.
- All applications and redeterminations must be completed in full before a review can be done. This will assist in determining initial and continued eligibility.
- Each family is assigned to a case worker alphabetically by last name. CHSofNJ requests that only the assigned staff person be called with questions or concerns. Additionally, CHSofNJ asks that only one call be made per day. It is very important that staff be given the opportunity to do their work without both walk-in clients and duplicate telephone calls. CHSofNJ sincerely appreciates your cooperation in this matter.

All of these requests are made on behalf of a staff who have increasingly more work to do because of the high volume of applications, which results in more families being served. We recognize that serving more families is excellent for the Ocean County community. The consequence of serving more families is a higher volume of work, telephone calls received, and agreements to write, mail and enter. Also the creation, calculation and entry of attendance logs has escalated. CHSofNJ is trying to better serve Ocean County's families and allow our staff to be more productive.

Thank you for your understanding.

CHSofNJ provides services regardless of physical handicap, disability, or any other characteristic protected by law.

*Saving children's lives and building healthy families since 1894*



# 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](http://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**:

#### COLUMN A (PRIMARY DOCUMENTATION)

Submit one:

- Driver's License
- Government Issued Photo ID Card
- Military Photo ID Card
- Employer Issued Photo ID
- School Photo ID
- Passport
- Permanent Resident Card (Green Card)

OR

#### COLUMN B (SECONDARY DOCUMENTATION)

Submit two:

- High School Diploma, GED, or College Diploma
- Health Insurance Card or Prescription Card
- Printed Paystub
- Birth Certificate (applicant/co-applicant or child's)
- Social Security Card

### ADDRESS

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

- |  |   |
|--|---|
| <input type="checkbox"/> Current Rental/Lease Agreement or Mortgage Bill             | <input type="checkbox"/> Home utility bills   |
| <input type="checkbox"/> Court decree (if applicable)                                | <input type="checkbox"/> Medical documentation  |
| <input type="checkbox"/> School records showing residence                            | <input type="checkbox"/> Vehicle Registration or Title or NJ Driver's License   |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship | <input type="checkbox"/> Most recent filed tax forms showing dependency<br>(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:

- |  |   |
|--|---|
| <input type="checkbox"/> Birth Certificate   | <input type="checkbox"/> Court decree (if applicable)   |
| <input type="checkbox"/> Custody Agreement or other court documents for guardianship (if applicable) | <input type="checkbox"/> Most recent filed tax forms showing dependency<br>(For dependents 18+, must provide filed IRS 1040 Form) |

**In accordance with the application addendum, tax returns are necessary to verify: family size, assets such as personal bank accounts, business accounts, real estate and personal property.**

Cont'd on back 



# NJ CHILD CARE SUBSIDY PROGRAM

## Documentation Checklist Continued

### CHILD CITIZENSHIP STATUS

For any child in need of care, **submit one** of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> U.S. Birth Certificate         | <input type="checkbox"/> Permanent Resident Card (Green Card)  |
| <input type="checkbox"/> Certificate of Citizenship     | <input type="checkbox"/> USCIS Form I-551 (Alien Registration Card)  |
| <input type="checkbox"/> U.S. Passport or Passport Card | <input type="checkbox"/> Refugee Travel Document (Form I-571)  |
| <input type="checkbox"/> Social Security Card           | <input type="checkbox"/> 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 paystubs 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

N \_\_\_\_\_



# Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

The Children's Home Society of NJ  
 1433 Hooper Ave, Suite 340  
 Toms River, NJ 08753  
**NJCK application**

**A Applicant/Co-Applicant Information Please Read Instructions, Print Clearly, Answer All Questions**

**1. PARENT/APPLICANT NAME** 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

Relationship of APPLICANT to children:  Father  Mother  Legally Responsible Adult  Foster Parent  Other: \_\_\_\_\_

**2. PARENT/CO-APPLICANT NAME (If Applicable)** 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

**3. HOME ADDRESS (Number and Street)** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ School District: \_\_\_\_\_

**4. HOME TELEPHONE:** \_\_\_\_\_

**5. NUMBER OF ADULTS IN FAMILY:** \_\_\_\_\_ **NUMBER OF CHILDREN IN FAMILY:** \_\_\_\_\_ **TOTAL FAMILY SIZE:** \_\_\_\_\_

*Family size includes parent, spouse, children for whom subsidy is requested, other dependent children, or adults claimed on applicant's or co-applicant's IRS 1040. In cases of kinship, family size includes the child for whom subsidy is requested and all dependents claimed on the grandparent's, aunt's or relative's IRS 1040. For DYFS cases, a child and any of his/her siblings living in the same home and who are in DYFS-paid out of home placement shall be counted to determine the size of the family.*

**B Family Income Information Attach Original Proof of Income - Most Recent Four Consecutive Weeks**  
 Information is not required for DYFS-paid caregivers. Payments for DYFS children in out of home placement does not count as income.

*For each source, enter income information either by week, bi-weekly, month or year. Include child support and/or alimony.*

1. Wages and Salary (gross): \_\_\_\_\_

2. Pensions, Retirement: \_\_\_\_\_

3. Supplemental/Social Security Benefits: \_\_\_\_\_

4. Unemployment, Workmen's Compensation: \_\_\_\_\_

5. TANF Cash Assistance: \_\_\_\_\_

6. Child Support/Alimony: \_\_\_\_\_

7. Other: \_\_\_\_\_

8. TOTAL GROSS INCOME: \_\_\_\_\_

WEEK	PARENT/CO-APPLICANT List gross income for current:				WEEK	PARENT/CO-APPLICANT List gross income for current:			
	2 WEEKS	MONTH	YEAR	2 WEEKS		MONTH	YEAR		

**C Work/School/Training Information Proof of Current School Registration Must Be Attached**

Name of PRIMARY Work/School/Training Site: \_\_\_\_\_

Complete Address (Street, City, State, & Zip): \_\_\_\_\_  
 (If applicable, enter "Self-Employed")

Telephone Number: ( ) \_\_\_\_\_

Check One: Enter Starting Date (Mo/Dy/Yr): \_\_\_\_\_

Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training \_\_\_\_\_

Name of SECONDARY Work/School/Training Site: \_\_\_\_\_

Complete Address (Street, City, State, & Zip): \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Check One: Enter Starting Date (Mo/Dy/Yr): \_\_\_\_\_

Check One and Enter: Number of Hours/Week and Months/Year for Work/School/Training \_\_\_\_\_

PARENT/CO-APPLICANT				PARENT/CO-APPLICANT			
<input type="checkbox"/> Work	<input type="checkbox"/> School	<input type="checkbox"/> Training	Start Date ____/____/____	<input type="checkbox"/> Work	<input type="checkbox"/> School	<input type="checkbox"/> Training	Start Date ____/____/____
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	_____ # Hrs/Wk		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	_____ # Hrs/Wk	
<input type="checkbox"/> Seasonal Employment	_____ # Mos/Yr			<input type="checkbox"/> Seasonal Employment	_____ # Mos/Yr		



**D YES NO**

**All Questions Must Be Answered. Incomplete Applications Will Not Be Accepted.  
Supporting Documents Must Be Attached For Verification**

- 1. Are you currently participating in the Food Stamp Program?
- 2. Are you currently receiving/have you received assistance for child care with a Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) grant through the Work First New Jersey (WFNJ) Program within the last two years? If yes, indicate when benefits do/did expire by entering Month, Day and Year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ and TANF case number: \_\_\_\_\_
- 3. Is your family an active case with the Division of Youth and Family Services (DYFS) and are the children for whom you are requesting subsidy residing with you? If yes, please give the name of the office: \_\_\_\_\_
- 4. Are you currently receiving a TANF grant? If yes, please indicate the TANF case number: \_\_\_\_\_
- 5. Do you or a member of your family have a chronic medical problem for which child care is recommended as part of a treatment/rehabilitation plan? If yes, indicate the name of the individual/agency authorizing the treatment plan and telephone number:  
Agency Name: \_\_\_\_\_ Telephone #: ( \_\_\_\_\_ ) \_\_\_\_\_
- 6. Are you the head of the household in which you reside?
- 7. Are you currently homeless or at risk of becoming homeless?
- 8. Are the children for whom you are requesting child care assistance in a DYFS foster home, DYFS para-foster home, or DYFS pre-adoptive home. **If you are employed or participating in a school or training program, proof must be attached for DYFS purposes.**
- 9. Do you receive any cash or voucher assistance to specifically pay for housing?
- 10. Are you requesting assistance because the County Welfare Agency/Board of Social Services (CWA/BSS) informed you that you are ineligible for the Temporary Assistance for Needy Families (TANF) or Transitional Child Care (TCC) Program?
- 11. I understand that I am applying to the agency for:  **VOUCHER** payment assistance  **CONTRACTED** services in a community-based center
- 12. Do all of the children in this family have health insurance benefits?  Yes  No  
If NO, do you wish to receive an application for NJ Family Care?  Yes  No

**E 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** \_\_\_\_\_ **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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FULL NAME OF CHILD NO. 2** \_\_\_\_\_ **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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**FULL NAME OF CHILD NO. 3** \_\_\_\_\_ **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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**You May Be Required to Provide Additional Proof of Family Size, Income, Citizenship or Residency to Verify Eligibility.  
Supporting Documentation Required May Include Most Current IRS Form 1040, Utility Bill or Birth Certificate.**



# Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:

The Children's Home Society of NJ  
1433 Hooper Ave, Suite 340  
Toms River, NJ 08753  
**NJCK application**

Parent/Applicant Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

<b>4</b>	<b>FULL NAME OF CHILD NO. 4</b> _____ (Last) (First) (M.I.)	<b>SOCIAL SECURITY NO.</b> _____ (9 Digit Number)	<b>DATE OF BIRTH</b> ____/____/____ (Mo./Dy./Yr.)
The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response. RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Indicate the hour/days/duration for which child care is needed: _____ Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, state special need and attach verification:</b> _____ Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</b> _____			
AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____ Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____			
<b>5</b>	<b>FULL NAME OF CHILD NO. 5</b> _____ (Last) (First) (M.I.)	<b>SOCIAL SECURITY NO.</b> _____ (9 Digit Number)	<b>DATE OF BIRTH</b> ____/____/____ (Mo./Dy./Yr.)
The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response. RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Indicate the hour/days/duration for which child care is needed: _____ Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, state special need and attach verification:</b> _____ Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</b> _____			
AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____ Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____			
<b>6</b>	<b>FULL NAME OF CHILD NO. 6</b> _____ (Last) (First) (M.I.)	<b>SOCIAL SECURITY NO.</b> _____ (9 Digit Number)	<b>DATE OF BIRTH</b> ____/____/____ (Mo./Dy./Yr.)
The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response. RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Indicate the hour/days/duration for which child care is needed: _____ Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, state special need and attach verification:</b> _____ Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</b> _____			
AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____ Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____			
<b>7</b>	<b>FULL NAME OF CHILD NO. 7</b> _____ (Last) (First) (M.I.)	<b>SOCIAL SECURITY NO.</b> _____ (9 Digit Number)	<b>DATE OF BIRTH</b> ____/____/____ (Mo./Dy./Yr.)
The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response. RACE: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White ETHNICITY: Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Indicate the hour/days/duration for which child care is needed: _____ Child has a special need: <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, state special need and attach verification:</b> _____ Child is a US citizen or a qualified alien? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)</b> _____			
AGENCY USE: Status (Check One): <input type="checkbox"/> Denied <input type="checkbox"/> Approved <input type="checkbox"/> Waiting List <input type="checkbox"/> Pending DYFS USE: (Enter the NJ Spirit Case No.) _____ Program: _____ Code: _____ Component: _____ Assessed Co-Payment (Enter and Circle One): \$ _____ Wk. _____ Mo. _____ Enrollment Date: ____/____/____			



**F****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 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.
  - Pre-signing and dating voucher certification forms, sign-in sheets or other provider records used to track and verify child attendance.
  - Failing to accurately verify child attendance on voucher payment records/forms within the reporting timeframes.
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

Staff Member Certification: \_\_\_\_\_ Date: \_\_\_\_\_

Note: \_\_\_\_\_

Name of CCR&R or CBC Provider: \_\_\_\_\_







ESTADO DE NEW JERSEY  
DEPARTAMENTO DE SERVICIOS HUMANOS DE NEW JERSEY  
DIVISIÓN DE DESARROLLO FAMILIAR

## PROGRAMA DE SUBSIDIO PARA EL CUIDADO INFANTIL DE NJ

### Anexo a la solicitud

Todas las familias que reciben un subsidio mediante el Programa de Subsidios para el Cuidado Infantil de NJ deben proporcionar la información siguiente:

¿Los activos de su familia tienen un valor superior a \$1,000,000?  No  Sí

*Nota: Los activos pueden incluir, entre otros, cuentas bancarias personales, cuentas de negocio, bienes inmuebles y propiedad personal.*

Si el idioma primario que se habla en su hogar **no** es el inglés, por favor especifique cuál es ese idioma: \_\_\_\_\_

#### El (la) solicitante:

Está en el servicio militar activo de tiempo completo  No  Sí

Está en la Guardia Nacional/Reserva Militar  No  Sí

Trabaja por cuenta propia  No  Sí

¿Hay un(a) co-solicitante?  No  Sí

#### Si la respuesta es sí:

Está en el servicio militar activo de tiempo completo  No  Sí

Está en la Guardia Nacional/Reserva Militar  No  Sí

Trabaja por cuenta propia  No  Sí

¿Es usted una persona sin hogar con base en uno o más de los siguientes?  No  Sí

- Vive en un refugio de emergencia o transición.
- Está quedándose en un motel, hotel, parque de casas móviles o campamento o comparte la vivienda con otras personas debido a que: perdió su vivienda, está pasando por dificultades económicas o una razón similar.
- Vive en un vehículo, estación de autobuses/trenes, parque, edificio abandonado.
- Vive o duerme en algún lugar público o privado que normalmente no se usa como residencia o alojamiento para dormir regular.
- Vive en una vivienda que no reúne las condiciones de habitabilidad (es decir, no tiene electricidad, agua corriente, etc.).

Por la presente certifico que toda la información proporcionada es verdadera y correcta a mi mejor saber y entender. También reconozco que presentar información falsa o engañosa, omitir información intencionalmente o intencionalmente hacer que otros omitan o dejen de proporcionar información es motivo de que se me deniegue o se me dé de baja del programa de cuidado infantil y que puedo quedar sujeto(a) a todos los remedios legales y en equidad.

\_\_\_\_\_  
Nombre del solicitante

\_\_\_\_\_  
Firma del (la) solicitante

\_\_\_\_\_  
Fecha de hoy

\_\_\_\_\_  
Nombre del co-solicitante

\_\_\_\_\_  
Firma del (la) co-solicitante

\_\_\_\_\_  
Fecha de hoy

#### DISCRIMINACIÓN

Este programa prohíbe la discriminación al determinar la elegibilidad para recibir asistencia para el cuidado infantil.

Si considera que en el Programa de Subsidios para el Cuidado Infantil de New Jersey se le ha discriminado debido a su raza, color, incapacidad, religión o nacionalidad o por otra razón, puede comunicarse con:  
Office of the Director, Division of Family Development, N.J. Department of Human Services, P.O. Box 716, Trenton, New Jersey 08625



The Children's Home Society

OF NEW JERSEY®



Ocean County Services

...saving children's lives and building healthy families since 1894.

1433 HOOPER AVENUE, SUITE 340 TOMS RIVER, NJ 08753 PHONE 732-557-9633 FAX 732-557-0588 WWW.CHSOFNJ.ORG

CC-188 (New 04/15)

**VERIFICATION OF EMPLOYMENT**

**Applicant/Co-Applicant Name:** \_\_\_\_\_

In order to determine the eligibility for child care services for the above applicant, please assist by answering the following questions.

**THIS SECTION TO BE COMPLETED BY THE EMPLOYER**

**EMPLOYMENT**

Name of Company/Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Presently Employed Yes  No

Number of Work Hours per Week: \_\_\_\_\_

Date Employment Started: \_\_\_\_\_

Number of Months Worked Annually: \_\_\_\_\_

Date Employment Ended: \_\_\_\_\_

If Seasonal - Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Receives Paid Time Off (i.e. vacation/sick/snow days):  Yes  No Receives: W2: \_\_\_\_\_ 1099: \_\_\_\_\_

Employee Paid:  Daily/Per Diem  Weekly  Bi-Weekly  Bi-Monthly  Monthly

Rate of Pay \$ \_\_\_\_\_ per \_\_\_\_\_ or Annual Salary \$ \_\_\_\_\_  
Hour/Diem/Daily/Bi-weekly/Bi-Monthly/Monthly

Commissions, bonuses, other \$ \_\_\_\_\_  
(Check one)  Daily  Weekly  Bi-Weekly  Bi-Monthly  Monthly  Quarterly  Yearly

**The above information was provided by:**

Signature \_\_\_\_\_

Print Name and Title of Individual Completing the Form \_\_\_\_\_

Date \_\_\_\_\_

I understand that a failure to provide or a deliberate misrepresentation of required information will result in the denial of my application or termination of my child care benefits.

I understand that in order to verify my employment, income and service need, an agency representative will contact my employer. I hereby authorize my employer to release information regarding my income, pay scale, employment hours and schedule of work to the agency to which I am applying.

**Applicant/Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





The  
Children's  
Home Society

O F N E W J E R S E Y<sup>®</sup>

— Ocean County Services —

1433 Hooper Avenue, Suite 340 ♥ Toms River, New Jersey 08753 ♥ Phone: 732-557-9633 ♥ Fax: 732-557-0588 ♥ [www.chsofnj.org](http://www.chsofnj.org)

## Verification of Self-Employment

Self-employment must be verified by submitting the following documentation:

Applicants/Co-applicants **are required** to submit their current IRS Income Tax Return Transcript as confirmed by the Internal Revenue Service (IRS) and IRS Form 1040 Schedule C, Profit or Loss from Business to determine if the self-employment activity is acceptable.

You can request a free IRS Income Tax Return Transcript from the Internal Revenue Service (IRS) in one of the following ways:

1. Online Request (preferred and the quickest method): Available on the IRS website at: <https://www.irs.gov/individuals/get-transcript>.
2. Telephone Request: Available from the IRS by calling 1-800-908-9946
3. Paper Request by Mail (submit Form 4506-T "Request of Transcript of Tax Return"). Download the form at: <https://www.irs.gov/uac/about-form-4506t>.

**There are extreme variations between the gross and the net income for different business structures and types of services provided, the IRS FORM 1040 Schedule C, Profit or Loss from Business will be the ONLY form accepted for eligibility consideration.**

If you no longer have your own business, please submit an original letter stating: the name of your business and the start and end dates. This letter must be notarized.

# CHILD SUPPORT PRINTOUT DIRECTIONS

## THE NJ CHILD SUPPORT WEBSITE:

<http://www.njchildsupport.org>

THE STATE OF NJ REQUIRES THE FOLLOWING FOR FAMILIES WHO RECEIVE CHILD SUPPORT PAYMENTS:

- A PRINTOUT FROM THE OBLIGATIONS SCREEN.
- AFTER ENTERING [njchildsupport.org](http://www.njchildsupport.org).
  1. SELECT VIEW YOUR CASE.
  2. ENTER YOUR MEMBER I.D. AND PIN.
  3. SELECT YOUR CASE.
  4. THE OBLIGATIONS SCREEN IS THE FIRST SCREEN YOU WILL SEE AFTER SELECTING YOUR CASE.
  5. CLICK ON THE "PRINT" ICON TO PRINT WHAT IS NEEDED
- ON THE SAME PAGE, GO TO "DISBURSEMENT TO CP." THIS IS FOUND IN THE BLUE "DETAIL SECTIONS" BOX, ON THE LEFT SIDE OF THE PAGE. IT IS THE, 7<sup>TH</sup> ITEM DOWN.
- PRINT YOUR PAYMENT HISTORY
- A PRINTOUT FOR EACH CHILD SUPPORT CASE IS REQUIRED, WHETHER OR NOT YOU RECEIVE PAYMENTS

IF YOU HAVE A CASE AND DO NOT SUPPLY A PAYMENT HISTORY PRINTOUT, YOUR APPLICATION/REDETERMINATION WILL NOT BE COMPLETE. YOUR NEW JERSEY CARES FOR KIDS APPLICATION/REDETERMINATION WILL NOT BE PROCESSED WITHOUT THIS VERIFICATION.

IF YOU DO NOT HAVE ACCESS TO A COMPUTER/PRINTER, YOU CAN VISIT OUR OFFICE TO PRINT THE PAYMENT HISTORY FOR YOUR CASE(S).





# Child Care and Early Education Service Eligibility Application



STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

## Applicant Instructions for Completing the Child Care Eligibility Form

The following instructions are keyed to the various sections of this form. Please read carefully.

### ► 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 workmen'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 2-5, provide the requested information.

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

**Questions 11.** Check whether you understand you are applying for voucher or contracted child care services.

**Questions 12.** 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.



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*.

# How to Apply for a NJ Child Care Subsidy



There is so much to think about when choosing child care. Balancing location, cost, quality and just feeling good about the child care provider can make this important decision challenging. New Jersey's child care program under the Department of Human Services, Division of Family Development can provide you with valuable information to help you make that selection. The state's child care program can support you with information about applying for child care assistance, where to find child care, licensing and complaint data and what makes a quality program.

As so many families know, child care costs can take up a lot of the monthly budget. The Child Care Subsidy Program can help lower-income families who are working, in training or in school, or a combination of these activities to pay a portion of their child care.

If you are thinking about or are applying for a child care subsidy, here's what you need to know.



## 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;
- Must be working full time (30 hours or more), 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).

## 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](http://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](http://www.ChildCareNJ.com).

## Payment

Before payment can start, you must first be approved and sign the Parent/Applicant and Provider Agreement (PAPA) and 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](http://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.