

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPLICATION FOR CHILD CARE ASSISTANCE

ATTENTION: This application is used to apply **ONLY** for **Category 2 or 3 Child Care Assistance**. To apply for Public Assistance or other benefits, including Category 1 Child Care Assistance, you must use the *New York State Application for Certain Benefits and Services (LDSS-2921)*.

CASE NAME		CASE #	REGISTRY #	OFFICE	UNIT	WORKER	APP DATE / /
DISTRICT	CASE TYPE: 40	Services Transaction Type: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert		Disposition: <input type="checkbox"/> Denial Reason Code		<input type="checkbox"/> Withdrawal	

SECTION 1. APPLICANT'S INFORMATION

FIRST NAME	M.I.	LAST NAME (Please include any ALIASES or MAIDEN names in parentheses)			PHONE NUMBER () -
STREET ADDRESS		APT NO.	CITY		STATE ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		APT NO.	CITY		STATE ZIP CODE
FORMER ADDRESS				OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED	
What is your marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
What is the primary language spoken in your home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify)					

SECTION 2. LIST EVERYBODY WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU. LIST YOURSELF ON THE FIRST LINE.

L N	FIRST Name	M. I.	LAST Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM/DD/YY)	SEX M/F	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) <i>Optional</i>	Enter Y (Yes) or N (No) if Hispanic or Latino						Does this child need child care? Y/N	FOR EACH CHILD in need of child care, answer Yes/No (Y/N)		
								H	I	A	B	P	W		Child is U.S. Citizen/National or Has Satisfactory Immigration Status?	Does child have a disability?	Do both parents reside in the home?
1				/ /		SELF							N/A	N/A	N/A	N/A	
2				/ /													
3				/ /													
4				/ /													
5				/ /													
6				/ /													
7				/ /													
8				/ /													

* Racial Affiliation Codes: I – Native American or Alaskan Native, A – Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White

You may use the back or additional pages if you need more room or there is other information that you think we might need.

SECTION 3. OTHER HOUSEHOLD INFORMATION

<p>DO ANY OF THESE APPLY TO YOU?</p> <p>For each of the following, answer YES or NO:</p>	<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care to work .
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care for another reason . Give reason:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Homeless (no fixed, regular, and adequate place to stay at night).
	<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is on active duty (serving full-time) in the U.S. Military .
	<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is a member of a National Guard or Military Reserve unit .
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for Public Assistance through a different application.
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for other child care funding . Agency Name:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	Pregnant . Due date? / /

SECTION 4. LIST EVERYONE UNDER 21 WHOSE PARENT IS NOT IN THE HOUSEHOLD.

NAME OF PERSON UNDER 21	ABSENT PARENT'S NAME AND ADDRESS	Absent Parent's Date of Birth (optional)	Absent Parent's Social Security Number (optional)
		/ /	
		/ /	
		/ /	

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

APPLICANT'S EMPLOYER'S NAME		WORK PHONE () -	START DATE OF JOB / /
EMPLOYER'S ADDRESS		CITY	STATE
		ZIP CODE	
# of HOURS PER WEEK:	GROSS INCOME: \$	Paid how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, specify	
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does the job require overtime (O/T)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Scheduled Days and Hours Worked (for example, Mon-Fri 8 a.m. – 4 p.m.):			

SECTION 6. OTHER EMPLOYMENT INFORMATION. Use this section for an applicant's second job or a spouse's/other parent's job.

Whose job information? <input type="checkbox"/> Applicant's job OR <input type="checkbox"/> Spouse's / other parent's job			
EMPLOYER'S NAME		WORK PHONE () -	START DATE OF JOB / /
EMPLOYER'S ADDRESS		CITY	STATE
		ZIP CODE	
# of HOURS PER WEEK:	GROSS INCOME: \$	Paid how often? <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other, specify	
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		Does the job require overtime (O/T)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Scheduled Days and Hours Worked (for example, Mon-Fri 8 a.m. – 4 p.m.):			

You may use the back or additional pages if you need more room or there is other information that you think we might need.

SECTION 7. INCOME INFORMATION								
Indicate if you or anyone who is applying with you receives money from:	YES	NO	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)
Wages/Salary, including overtime, commissions, training programs, tips								
Net Self-Employment Income								
Child Support Payments (received)								
Alimony/Spousal Support (received)								
Unemployment Insurance Benefits, Workers' Comp								
Social Security Benefits (including SSI)								
Disability Benefits (NYS, VA, Private)								
Rental/Boarder/Lodger Income (received)								
Dividends/Interest - Stocks, Bonds, Savings								
Pensions/Annuities								
Public Assistance (PA) Grant, Safety Net Benefits								
Other (please specify)								

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE PROVIDER AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY		
DROP-OFF	Travel time from the child care provider to work/activity?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO
PICK-UP	Travel time from work/activity to the child care provider?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 9. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.

PENALTIES – Federal and state laws provide for penalties, including fines, imprisonment, or both if you do not tell the truth when you apply for Child Care Assistance or when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone, for whom you have applied, to obtain or continue to receive Child Care Assistance. If you are the authorized representative applying on behalf of someone else, Child Care Assistance must be used for that person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

CITIZENSHIP – I understand that by signing this application form I certify, under penalty of perjury, that all the children in need of Child Care Assistance are United States citizens or nationals or persons with satisfactory immigration status. I understand that this information about these children may be submitted to the Immigration and Naturalization Service for verification of immigration status, if applicable. I further understand that the use or disclosure of this information about these children is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of provisions of the Child Care Assistance program.

CHANGE REPORTING – I understand that by signing this application form I agree to inform the agency **immediately** of any change in my needs, income, living arrangement, or address to the best of my knowledge or belief. I agree to inform the agency immediately of any change in child care arrangements, including where child care is provided, who is providing care, provider's fees, and hours for which child care is needed.

CONSENT FOR INVESTIGATION – I understand that by signing this application form I agree to cooperate fully with any investigation to verify or confirm the information I have given or any other investigation in connection with my request for Child Care Assistance. I will provide additional information if it is requested.

NON-DISCRIMINATION – This application will be considered without regard to race, color, sex, disability, religious creed, national origin or political belief.

RESOURCES – I certify that my family resources do not exceed \$1,000,000. Resources include, but are not limited to, cash, bank accounts, real estate, stocks, bonds, mutual funds, IRAs, 401(k) accounts, life insurance, trust accounts, annuities, burial funds/spaces.

SECTION 10. CERTIFICATION AND SIGNATURE

CERTIFICATION: I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to the local Department of Social Services relating to Child Care Assistance is correct. I have read and understand the notices above. I understand and agree to the consents.

APPLICANT'S/REPRESENTATIVES SIGNATURE X	DATE SIGNED / /	SECOND APPLICANT'S SIGNATURE X	DATE SIGNED / /
PRINT NAME:		PRINT NAME:	

<p>RETURN YOUR APPLICATION TO: THE LOCAL DEPARTMENT OF SOCIAL SERVICES (DSS) OF THE COUNTY THAT YOU LIVE IN.</p>	
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SECTION 11. IF YOU WANT TO WITHDRAW YOUR APPLICATION

I CONSENT TO WITHDRAW MY APPLICATION FOR CHILD CARE ASSISTANCE. I understand I may reapply at any time.	DATE SIGNED / /
SIGNATURE X _____	

FOR AGENCY USE ONLY:									
CASE NAME	CASE #	REGISTRY #	VERSION #	RE-USE INDICATOR <input type="checkbox"/>	DISTRICT:	DATE / /	CASE TYPE: 40		
SERVICES TRANS TYPE: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert.				Disposition: <input type="checkbox"/> Denial	Reason Code			<input type="checkbox"/> Withdrawal	
ELIGIBILITY DETERMINED BY			DATE / /	ELIGIBILITY APPROVED BY			DATE / /		
CHILD CARE AUTHORIZATION FROM DATE / /		CHILD CARE AUTHORIZATION TO DATE / /			COMMENTS:				
L1 CIN:	L4 CIN:	L7 CIN:							
L2 CIN:	L5 CIN:	L8 CIN:							
L3 CIN:	L6 CIN:	L9 CIN:							



NYS Agency-Based Voter Registration Form

"If you are not registered to vote where you live now, would you like to apply to register here today?"

- YES** If you checked YES, please complete the **VOTER REGISTRATION APPLICATION** below
- NO** because I choose not to register **OR**
- I am already registered at my current address **OR**
- I asked for and received a mail registration form

If you do not check any box, you will be considered to have decided not to register to vote at this time.

Signature _____ Date ____/____/____

Please Print Name _____

Important!

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:若您有興趣索取中文資料表格,請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면

으로 전화 하십시오. 1-800-367-8683

যদি আপনি এই ফর্মটি ইংরেজীতে পোত তে চান তাহলে 1-800-367-8683

নম্বরে ফোন করুন

Rev. 2/2015

VOTER REGISTRATION APPLICATION (instructions on back)

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** Yes, I would like to be an Election Day worker

1	Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO, do not complete this form	2	Will you be 18 years old on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO, do not complete this form unless you will be 18 by the end of the year	For Board Use Only		
3	Last Name _____ First Name _____ Middle Initial _____ Suffix _____					
4	Address where you live (do not give P.O. box) _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____					
5	Address where you get your mail (if different than above) _____ P.O. Box, Star Route, etc. _____ Post Office _____ Zip Code _____					
6	Date of Birth _____	7	Sex <input type="checkbox"/> M <input type="checkbox"/> F	8	Telephone (optional) _____	Email (optional) _____
10	The last year you voted _____	Your address was (give house number, street and city) _____		9	ID Number (Check the applicable box and provide your number) <input type="checkbox"/> New York State DMV number _____ <input type="checkbox"/> Last four digits of your Social Security number _____ <input type="checkbox"/> I do not have a New York State DMV or Social Security number	
11	In county/state _____		Under the name (if different from your name now) _____		Affidavit: I swear or affirm that <ul style="list-style-type: none"> I am a citizen of the United States. I will have lived in the county, city or village for at least 30 days before the election. I will meet all requirements to register to vote in New York State. This is my signature or mark on the line below. The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. 	
Political Party I wish to enroll in a political party <input type="checkbox"/> Democratic party <input type="checkbox"/> Independence party <input type="checkbox"/> Republican party <input type="checkbox"/> Women's Equality party <input type="checkbox"/> Conservative party <input type="checkbox"/> Reform party <input type="checkbox"/> Green party <input type="checkbox"/> Other _____ <input type="checkbox"/> Working Families party I do not wish to enroll in a political party <input type="checkbox"/> No party				_____ / ____ / ____ Signature or Mark in ink _____ Date		

(Optional) Register to donate your organs and tissues

Last Name		
First Name	Middle Initial	Suffix
Address		
Apt Number	City/Town/Village	Zip Code
Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Eye Color	Height	Ft. In.

By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.



_____/____/____
Signature _____ Date

Qualifications for Registration

Important

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You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections 40 North Pearl St, Suite 5
Albany, NY 12207-2729

Telephone: 1-800-469-6872;

TDD/TTY users contact the New York State

Relay at 711; or visit our web site -

www.elections.ny.gov

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.
