



ONONDAGA COUNTY DEPARTMENT OF SOCIAL SERVICES  
**APPLICATION FOR CHILD CARE SERVICES**



Application Date \_\_\_\_\_ Worker: **DC** \_\_\_\_\_ Case Type: **40** District: **A31** Case Number: **S** \_\_\_\_\_ Service Trans. Type: ☐ New Op ☐ Reop ☐ Recert  
Case Name \_\_\_\_\_ Disposition: Denied ☐ Reason Code ☐☐☐ WD ☐ *Shaded Areas for Office Use Only*

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Residence Address \_\_\_\_\_ City \_\_\_\_\_, NY Zip Code \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_, NY Zip Code \_\_\_\_\_  
Former Address \_\_\_\_\_ Another phone number where you can be reached \_\_\_\_\_ Marital Status \_\_\_\_\_

**List everyone who lives with you even if they are not applying. List yourself first.**

	First Name	M I	Last Name	Date of Birth	Social Security Number (SSN) <i>Optional</i>	Sex M or F	Does this person need child care?		Relation- ship to you	Hispanic or Latino?		Enter Y (Yes) or N (No) for each race*					
							Yes	No		Yes	No	I	A	B	P	W	
1									SELF								
2																	
3																	
4																	
5																	
6																	
7																	
8																	

\* Race/Ethnic Codes: **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** - White

Please list maiden or other names by which you or anyone in your household has been known	First Name	M I	Last Name
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Are you currently receiving or applying for Temporary Assistance? Yes ☐ No ☐

Are you currently receiving or applying for other Child Care funding? Yes ☐ No ☐ If yes, name of agency: \_\_\_\_\_

List names of everyone under 21 living with you and write in any information you currently have about that person's absent parent.

Name of Person Under 21	Absent Parent's Name and Address	Absent Parent's Date of Birth <i>Optional</i>	Absent Parent's Social Security Number <i>Optional</i>
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Do you need child care so you can work? Yes ☐ No ☐ If no, list reason child care is needed \_\_\_\_\_

Who will be providing child care? Provider's name: \_\_\_\_\_

Where do you work? \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(If self-employed list the name of your company)

Start Date of Job: \_\_\_\_\_ Pay Rate per Hour: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Is this a job with rotating shifts? Yes ☐ No ☐ Are you required to work overtime? Yes ☐ No ☐ 5

List the Scheduled Days and Hours of Employment (e.g., Mon. through Fri. 8 a.m. – 4 p.m.): \_\_\_\_\_

Is anyone else living with you employed? Yes ☐ No ☐ If yes, who? \_\_\_\_\_ Employed where? \_\_\_\_\_

#### INCOME - ANSWER ALL QUESTIONS LISTED BELOW

Indicate if you or someone who lives with you receives money from:	Yes	No	Gross Amount	Period (week, month, etc.)	Who Receives?
Employment/self-employment including overtime, commissions, training programs, tips					
Child Support Payments (received)					
Alimony/Support (received)					
Unemployment Insurance Benefits					
Social Security Benefits (including SSI)					6
Disability Benefits (NYS, VA, Private)					
Rental/ Boarders/Lodgers Income (received)					
Other (please specify)					
Office Use Only					

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

READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM

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**PENALTIES** – Your application may be investigated. By signing this agreement you are consenting to cooperate in such investigation. **Federal and State laws provide for penalties of fine, imprisonment or both if you do not tell the truth when you apply for Child Care Services;** or at any time 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 Services; 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 Services; and such Child Care Services must be used for the other person and not yourself. It is unlawful to obtain Child Care Services by concealing information or providing false information.

**CHANGES** – I agree to inform the agency **immediately** of any change in my needs, income, property, 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, providers fees, and hours for which child care is needed.

**CONSENT** – I understand that by signing this application form I agree to any investigation made by the Department of Social Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for Child Care Services. If additional information is requested I will provide it.

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

**CERTIFICATION OF CITIZENSHIP/ALIEN STATUS FOR CHILD CARE SERVICES** – I swear and affirm under penalties of perjury, that all children who are seeking child care services \_\_\_\_\_

*(List the names of all children needing child care services)*

are **United States (U.S.) citizens or nationals or persons with satisfactory immigration status.** I understand that information about my household may be submitted to the Immigration and Naturalization Service (INS) for verification of immigration status, if applicable. I further understand that the use or disclosure of information about household members including myself who are applying for or receiving Child Care Services 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 Services program.

**CERTIFICATION:** I swear and/or affirm under the penalties of perjury that the information I have given or will give to the local Social Services district is correct.

APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED	HUSBAND/WIFE SIGNATURE	DATE SIGNED

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*Please return to the address below:*

**Day Care Services  
421 Montgomery St – 5<sup>th</sup> Floor  
Syracuse, NY 13202**

**Phone: 435-5683 Fax: 435-5682**



Use this area for additional information:

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I CONSENT TO WITHDRAW MY APPLICATION. I understand I may reapply at any time.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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***For Agency Use Only***

Eligibility Determined by \_\_\_\_\_ Date \_\_\_\_\_

Eligibility Approved by \_\_\_\_\_ Date \_\_\_\_\_

Child Care Authorization Period: From \_\_\_\_\_ To \_\_\_\_\_

Comments: