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 Cash 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: ☐ New Open ☐ Reopen ☐ Recert.	Disposition: ☐ Denial Reason Code			☐ 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 (IN PAST YEAR)	OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED

Marital status? ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Primary language? ☐ English ☐ Spanish ☐ Other (specify)   **Email (optional):**

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

LN	FIRST Name	M. I.	LAST Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM-DD-YY)	SEX (M/F)	RELATION-SHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) *Optional*	H	I	A	B	P	W	Does this child need child care? (Y/N)	Child is U.S. Citizen/National or Has Satisfactory Immigration Status?	Does child have a dis-ability?	Do both parents reside in the home?
1						SELF											
2																	
3																	
4																	
5																	
6																	
7																	
8																	

Enter Y (Yes) or N (No) if Hispanic or Latino (Optional) — column H. Enter Y (Yes) or N (No) for each Race*(Optional) — columns I, A, B, P, W. FOR EACH CHILD in need of child care, answer Yes/No.

* 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 additional pages if you need more room or there is other information that you think we might need.

SECTION 3. OTHER HOUSEHOLD INFORMATION

DO ANY OF THESE APPLY TO YOU OR YOUR SPOUSE/THE OTHER PARENT IF THEY LIVE IN THE HOME? **For each of the following, answer YES or NO:**	☐ YES	☐ NO	Need child care to **work**
	☐ YES	☐ NO	Need child care for **another reason**. Give reason:
	☐ YES	☐ NO	**Homeless** (no fixed, regular, and adequate place to stay at night)
	☐ YES	☐ NO	A parent is on active duty (serving full-time) in the **U.S. Military.**
	☐ YES	☐ NO	A parent is a member of a **National Guard or Military Reserve unit**.
	☐ YES	☐ NO	Receiving or applying for **Cash Public Assistance** through a different application
	☐ YES	☐ NO	Receiving or applying for **other child care funding**. Agency Name:
	☐ YES	☐ NO	**Pregnant**. Due date:　/　/

SECTION 4. ABSENT PARENT INFORMATION. *List children in need of child care whose parent does not live in the household.*

NAMES OF CHILDREN UNDER 21	ABSENT PARENT'S NAME AND ADDRESS	Is absent parent available to provide care?	If No, give reason.
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

EMPLOYER'S NAME		WORK PHONE (　　)　　-	START DATE OF JOB /　/

EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE

Does the job have rotating or variable shifts?　☐ YES　☐ NO　Does the job require overtime (O/T)?　☐ YES　☐ NO

Hourly Wage: $	What is a typical work schedule?	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
		FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

SECTION 6. OTHER EMPLOYMENT INFORMATION. *Use this section for an applicant's second job or a spouse's/other parent's job (if they live in the home).*

Whose job information (check one)?　☐ Applicant's job　☐ Spouse's job　☐ Other Parent's job

EMPLOYER'S NAME		WORK PHONE (　　)　　-	START DATE OF JOB /　/

EMPLOYER'S ADDRESS	CITY	STATE	ZIPCODE

Does the job have rotating or variable shifts?　☐ YES　☐ NO　Does the job require overtime (O/T)?　☐ YES　☐ NO

Hourly Wage: $	What is a typical work schedule?	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
		FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

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.)
Income from work (including wages/salary, 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	☐	☐						
Cash 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?** ☐ YES ☐ NO
PICK-UP	**Travel time from work/activity to the child care provider?**		**Public Transportation?** ☐ YES ☐ NO

SECTION 9. CHILD CARE PROVIDER INFORMATION

PROVIDER NAME AND ADDRESS	NAMES OF CHILDREN	ALREADY ENROLLED?	
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No

SECTION 10. CHILD'S SCHOOL INFORMATION. *List all children enrolled in school*

SCHOOL NAME AND ADDRESS	NAMES OF CHILDREN	ATTENDANCE HOURS	
		START TIME	END TIME

SECTION 11. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.

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.

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 – By signing this application, I swear and/or affirm that all the children needing Child Care Assistance are United States citizens or nationals, or persons with satisfactory immigration status. I understand that this information will only be shared to make decisions about the Child Care Assistance Program, and that the United States Citizenship and Immigration Services may be contacted if more information is needed to verify the children's status.

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.

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.

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

SECTION 12. 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/REPRESENTATIVE'S SIGNATURE	DATE SIGNED	SECOND APPLICANT'S/REPRESENTATIVE'S SIGNATURE	DATE SIGNED
X	/ /	X	/ /
PRINT NAME:		PRINT NAME:	

RETURN YOUR APPLICATION TO: THE LOCAL DEPARTMENT OF SOCIAL SERVICES (LDSS) OF THE COUNTY THAT YOU LIVE IN.

FOR AGENCY USE ONLY:

CASE NAME	CASE #	REGISTRY #	VERSION #	RE-USE INDICATOR ☐	DISTRICT: CASE TYPE: 40	DATE / /

SERVICES TRANS TYPE: ☐ New Open ☐ Reopen ☐ Recert.		Disposition: ☐ Denial	Reason Code		☐ 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 পেত ⊙ 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?** [ ] YES [ ] NO If you answered **NO**, do not complete this form	**2** **Will you be 18 years old on or before election day?** [ ] YES [ ] 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 [ ] M [ ] F **8** Telephone (optional) _____ Email (optional) _____

10 The last year you voted _____ Your address was (give house number, street and city) _____
In county/state _____ Under the name (if different from your name now) _____

9 **ID Number** (Check the applicable box and provide your number)
- [ ] New York State DMV number _____
- [ ] Last four digits of your Social Security number _____ .
- [ ] I do not have a New York State DMV or Social Security number

11 **Political Party**

I wish to enroll in a political party
- [ ] Democratic party
- [ ] Republican party
- [ ] Conservative party
- [ ] Green party
- [ ] Working Families party
- [ ] Independence party
- [ ] Women's Equality party
- [ ] Reform party
- [ ] Other _____

I do not wish to enroll in a political party
- [ ] No party

12 **Affidavit: I swear or affirm that**
- 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.

_____   ___ / ___ / ___
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 [ ] M [ ] 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.

DONATE LIFE *New York State*

_____   ___ / ___ / ___
Signature   Date

Qualifications for Registration

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.

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.

Important!

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

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.