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.
Child Care and Early Education
Service Eligibility Application
STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

A. Applicant/Co-Applicant Information

1. PARENT/APPLICANT NAME
   (Last) ___________________________ (First) ___________________________ (M.I.) ___________
   SOCIAL SECURITY NO. ___________________________ DATE OF BIRTH ___________ / ______/
   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 ☐ Other
   SEX: ☐ Male ☐ Female
   Relationship of APPLICANT to children: ☐ Father ☐ Mother ☐ Legally Responsible Adult ☐ Foster Parent ☐ Other:

2. PARENT/CO-APPLICANT NAME (If Applicable)
   (Last) ___________________________ (First) ___________________________ (M.I.) ___________
   SOCIAL SECURITY NO. ___________________________ DATE OF BIRTH ___________ / ______/
   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 ☐ Other
   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 Form 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 Form 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

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:

C. Work/School/Training Information

Name of PRIMARY Work/School/Training Site:
   Complete Address (Street, City, State, & Zip):
   Telephone Number: ___________________________
   (If applicable, enter "Self-Employed")
   Check One: Enter Starting Date (Mo/Dy/Yr):
   Check One and Enter: Number of Hours/Week and Month/Year for Work/School/Training:
   ☐ Work ☐ Part-Time ☐ Full-Time ☐ Seasonal Employment
   Start Date / _________ # Hrs/Wk # Mos/Yr
   ☐ School ☐ Part-Time ☐ Full-Time ☐ Seasonal Employment
   Start Date / _________ # Hrs/Wk # Mos/Yr
   ☐ Training ☐ Part-Time ☐ Full-Time ☐ Seasonal Employment
   Start Date / _________ # Hrs/Wk # Mos/Yr

Name of SECONDARY Work/School/Training Site:
   Complete Address (Street, City, State, & Zip):
   Telephone Number: ___________________________
   (If applicable, enter "Self-Employed")
   Check One: Enter Starting Date (Mo/Dy/Yr):
   Check One and Enter: Number of Hours/Week and Month/Year for Work/School/Training:
   ☐ Work ☐ Part-Time ☐ Full-Time ☐ Seasonal Employment
   Start Date / _________ # Hrs/Wk # Mos/Yr
   ☐ School ☐ Part-Time ☐ Full-Time ☐ Seasonal Employment
   Start Date / _________ # Hrs/Wk # Mos/Yr
   ☐ Training ☐ Part-Time ☐ Full-Time ☐ Seasonal Employment
   Start Date / _________ # Hrs/Wk # Mos/Yr

Proof of Current School Registration Must Be Attached

* Incomplete Applications Will Not Be Accepted *
Complete for Each Additional Child for Whom You Are Requesting Subsidy

<table>
<thead>
<tr>
<th>FULL NAME OF CHILD NO. 4</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First) (M.I.)</td>
<td>(9 Digit Number) (Mo./Day./Year)</td>
</tr>
</tbody>
</table>

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(s)/duration for which child care is needed:
- Child has a special need: Yes
- No

If yes, state special need and attach verification:

Child is a US citizen or a qualified alien? Yes
- No

If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)

**AGENCY USE:**
- Status (Check One):
  - Approved
  - Waiting List
  - Pending

**DYFS USE:**
- Enter the NJ Spirit Case No.:

Assessed Co-Payment (Enter and Circle One): $ Wk. Mo.

Enrollment Date: / / 

---

<table>
<thead>
<tr>
<th>FULL NAME OF CHILD NO. 5</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First) (M.I.)</td>
<td>(9 Digit Number) (Mo./Day./Year)</td>
</tr>
</tbody>
</table>

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(s)/duration for which child care is needed:
- Child has a special need: Yes
- No

If yes, state special need and attach verification:

Child is a US citizen or a qualified alien? Yes
- No

If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)

**AGENCY USE:**
- Status (Check One):
  - Approved
  - Waiting List
  - Pending

**DYFS USE:**
- Enter the NJ Spirit Case No.:

Assessed Co-Payment (Enter and Circle One): $ Wk. Mo.

Enrollment Date: / / 

---

<table>
<thead>
<tr>
<th>FULL NAME OF CHILD NO. 6</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First) (M.I.)</td>
<td>(9 Digit Number) (Mo./Day./Year)</td>
</tr>
</tbody>
</table>

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(s)/duration for which child care is needed:
- Child has a special need: Yes
- No

If yes, state special need and attach verification:

Child is a US citizen or a qualified alien? Yes
- No

If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)

**AGENCY USE:**
- Status (Check One):
  - Approved
  - Waiting List
  - Pending

**DYFS USE:**
- Enter the NJ Spirit Case No.:

Assessed Co-Payment (Enter and Circle One): $ Wk. Mo.

Enrollment Date: / / 

---

<table>
<thead>
<tr>
<th>FULL NAME OF CHILD NO. 7</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First) (M.I.)</td>
<td>(9 Digit Number) (Mo./Day./Year)</td>
</tr>
</tbody>
</table>

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(s)/duration for which child care is needed:
- Child has a special need: Yes
- No

If yes, state special need and attach verification:

Child is a US citizen or a qualified alien? Yes
- No

If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)

**AGENCY USE:**
- Status (Check One):
  - Approved
  - Waiting List
  - Pending

**DYFS USE:**
- Enter the NJ Spirit Case No.:

Assessed Co-Payment (Enter and Circle One): $ Wk. Mo.

Enrollment Date: / / 

---
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 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 (our) 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 verify 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:** The Children's Home Society of New Jersey

**DHS/CC:3 (12/08)**
**NJ CHILD CARE SUBSIDY PROGRAM**

**Application Addendum**

All families receiving a subsidy through the NJ Child Care Subsidy Program must provide the following information:

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are your family assets worth more than $1,000,000?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Note: Assets may include but are not limited to, personal bank accounts, business accounts, real estate, and personal property.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the primary language spoken in your home is **not** English, please specify that language: ____________________________

<table>
<thead>
<tr>
<th>Is the Applicant:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>On Full-Time Active Military Duty</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>In the National Guard/Military Reserve</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Self-Employed</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a Co-Applicant?</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, are they:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>On Full-Time Active Military Duty</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>In the National Guard/Military Reserve</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Self-Employed</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Are you homeless based on one or more of the following?  
- Living in an emergency or transitional shelter.  
- Staying in a motel, hotel, trailer park, or campground or sharing housing with other persons due to loss of housing, economic hardship, or similar reason.  
- Living in a car, bus/train station, park, abandoned building.  
- Living or sleeping in any public or private place that is not normally used as a residence or as a regular sleeping accommodation.  
- Living in substandard housing (i.e. no electricity, running water, etc.).

I hereby certify that all of the information provided is true and correct to the best of my knowledge. I also acknowledge that submitting false or misleading information, intentionally omitting information or intentionally causing others to omit or fail to report information is cause for denial or termination from the child care program and I may be subject to all legal and equitable remedies.

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>Applicant Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Applicant Name</td>
<td>Co-Applicant Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>

**DISCRIMINATION**

This program prohibits discrimination in determining eligibility for child care assistance. If you believe you have been discriminated against by the New Jersey Child Care Subsidy Program because of race, color, disability, religion, national origin or another reason, you can contact: Office of the Director, Division of Family Development, N.J. Department of Human Services, P.O. Box 716, Trenton, New Jersey 08625.
CHILD SUPPORT PRINTOUT DIRECTIONS

THE NJ CHILD SUPPORT WEBSITE:
http://njchildsupport.org

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

- A PRINTOUT FROM THE OBLIGATIONS SCREEN.
- AFTER ENTERING 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, 7TH 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).
**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

<table>
<thead>
<tr>
<th>Name of Company/Employer:</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Phone:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Email Address:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Presently Employed Yes ☐ No ☐</td>
<td>Number of Work Hours per Week: __________________</td>
</tr>
<tr>
<td>Date Employment Started:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Date Employment Ended:</td>
<td>__________________________</td>
</tr>
<tr>
<td>If Seasonal - Start Date:</td>
<td>__________________________</td>
</tr>
<tr>
<td>End Date:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Receives Paid Time Off (i.e. vacation/sick/snow days): Yes ☐ No ☐</td>
<td>Receives W2: _____ 1099: _____</td>
</tr>
<tr>
<td>Employee Paid:</td>
<td>Daily/Per Diem ☐ Weekly ☐ Bi-Weekly ☐ Bi- Monthly ☐ Monthly ☐</td>
</tr>
<tr>
<td>Rate of Pay:</td>
<td>$ __________ per __________________________</td>
</tr>
<tr>
<td></td>
<td>Hour/Diem/Daily/Bi-weekly/Bi-Monthly/Monthly</td>
</tr>
<tr>
<td>Commissions, bonuses, other:</td>
<td>$ __________ (Check one) Daily ☐ Weekly ☐ Bi-Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Yearly</td>
</tr>
</tbody>
</table>

**The above information was provided by:**

<table>
<thead>
<tr>
<th>Signature</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

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: ___________**
VERY IMPORTANT

New Jersey Cares for Kids regulations require applicants to submit a copy of their most recently filed Federal tax return to verify their family size.

If you did not file your tax return for the past year, or if any of your children do not appear on your tax return as dependents, please submit a letter in which you state your name, your address, and the name of each of your children who reside with you at that address. This letter must be notarized.

If there is family member listed on your tax return as a joint applicant and that person no longer resides with you, please submit a notarized letter attesting to this fact. You must also submit a copy of that person’s utility bill, driver’s license, or lease agreement to verify that their current address is different than yours.

You will be required to submit a copy of your tax return, each year you are on the program, to verify your family size.
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.

Rev 12/08
Types of child care eligible for subsidy payment (contact our R&R Specialist to confirm that your selected provider from the choices below is currently eligible to receive subsidy payment):

Family Child Care: An individual who is registered with the State of NJ under the guidelines of The Manual of Requirements for Family Child Care. The care takes place in the private residence of the certificate holder for no more than 5 children at a time.

Family, Friend and Neighbor: An individual providing child care services who is not registered with the State of NJ under the guidelines of The Manual of Requirements for Family Child Care who must be at least 18 years of age. Care can be in your home or theirs.

Child Care Centers: Care for 6 or more children in a non-residential setting. Currently the choice of child care centers includes both licensed and license exempt centers.

School-aged Child Care: Care for 6 or more children before or after the hours of the day your child attends school. Currently the choice of school-aged care providers includes both licensed and license exempt facilities.

Summer Day Camp: A summer camp that has a current Certificate of Approval from the Department of Health and Senior Services. This certificate is renewable on an annual basis prior to the start of the season.

If you need assistance or have questions about the types of child care that can be paid for by the subsidy, please call our Resource and Referral Specialist, Deb Pavan at ext 105. She can provide you with information regarding the types of child care, eligible providers and quality referrals*. We strongly encourage all parents to call our R&R Specialist to enable them to make the most informed child care choices.

*CHS of NJ does not endorse or recommend any specific provider. It is the responsibility of the parent/guardian to select child care which best suits his/her needs.
The Children’s Home Society of New Jersey

1433 Hooper Avenue, Suite 340 • Toms River, New Jersey 08753 • Phone: 732-557-9633 • Fax: 732-557-0588 • www.chsofnj.org

REQUIREMENTS FOR NJCK/WFNJ FAMILY, FRIEND & NEIGHBOR SELF-ARRANGED CHILD CARE

A person participating in the NJCK/WFNJ program who needs child care for their child (ren) may choose a family member, friend or neighbor (FFN) to provide child care. A child’s parent (or any adult legally responsible for the child) may not be paid to care for that child. This provider must be at least 18 years old and be able to provide proof of age. Submission of Child Abuse Record Information (CARI) forms for all residents 14 years of age and older that have been returned "no record" are needed before any home approval inspection may take place. A representative from The Children’s Home Society of New Jersey will visit with the NJCK/WFNJ child care provider at the home where care is to be provided (either your home or the provider’s) to conduct a health, fire and safety inspection. The payment process cannot begin until the inspection has been completed successfully. The home must come into compliance with the standards listed below:

☐ Card(s) for successfully completed CPR/ First Aid courses must be submitted
☐ working telephone to use for e-child care (landline recommended)
☐ your social security card must be shown to the inspector, for copying purposes
☐ bank account for electronic deposit of payment
☐ all floors, walls and surfaces must be clean and in good repair
☐ stairways, exits and hallways are not blocked
☐ all toxic substances and items that may be hazardous (i.e. household detergents, prescriptions, alcohol, weapons, power tools, sharp objects, etc.) are out of the reach of children or in a locked cabinet
☐ the home has a safe outdoor play area, or there is one within walking distance
☐ swimming pools and other bodies of water are inaccessible to children
☐ there is a clean, safe separate rest/sleep area for each child
☐ electrical cords are in good condition
☐ heating units are not surrounded with boxes, clothing or any other flammable articles
☐ woodburning stoves or fireplaces have barriers that make them inaccessible to children
☐ any electrical outlets not being used are covered
☐ there must be a working smoke detector on each floor
☐ first aid supplies must be available
☐ a working, indoor toilet must be available
☐ a working flashlight must be available
☐ warm and cold running water must be in working order
☐ all doors or windows used for ventilation must have screens
☐ there must be safety gates on stairs, balconies and ramps
☐ interior doors that have locks must be able to be unlocked from the outside

The NJCK/WFNJ caregiver will be contacted by a representative of The Children’s Home Society of New Jersey so that an appointment for a home inspection can be scheduled.

If a caregiver is interested in becoming a registered family child care provider, The Children’s Home Society of New Jersey will provide the necessary assistance.

Approved providers may care for all of the siblings of one NJCK/WFNJ family (provided there are no more than 5 children in that family), or one child from each of two different families. The provider’s own children over the age of 6 will not be counted; however, the provider’s children under the age of 6 will be counted in the total number of 5 children in her/his care.

(turn over and continue reading)

Saving children’s lives and building healthy families since 1894

CWLA
Together, making children and families a national priority
PLEASE NOTE:
1. An inspector will only make three attempts to contact the provider to arrange an inspection.
2. If an appointment for the inspection cannot be made, the provider will be notified in writing that no payments for child care services will be made.
3. If items are not in compliance at the initial inspection, the provider will be given up to 10 days to correct the violation(s) and call The Children’s Home Society of New Jersey.
4. When the violations are corrected, another inspection will be scheduled.
5. Payment for child care cannot be made until all violations are corrected.