MEMO: 3/1/2023

To: Parents receiving subsidized child care
From: CHSofNJ Director and staff

The following will remain in place until further notice.

- The office at 1433 Hooper Ave, Suite 340, has staff available and working. There is a mail slot at the front door and our telephone system, and email are fully operational.
- All staff are working on a hybrid schedule, in the office three days a week on Tuesdays, Wednesdays and Thursdays and working remotely two days a week on Mondays and Fridays.
- For general information or assistance with completing an application contact: Virginia 732-557-9633 ext. 143. Applications are reviewed in the date order they are received. You will be notified via US Mail with the results of the review when it has been completed. Be advised, processing time may increase during times of high volume. If you have an application in progress and your last name begins with the letters A-L, contact: Alexis 732-557-9633 ext. 110. Letters M-Z contact: Francine 732-557-9633 ext. 166.
- Applications must be submitted via email, mail or in person via the mail slot in the front door. All applications are reviewed in date order.
- Applications must be completed in full before a review can be done. This will assist in determining initial 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. CHSofNJ sincerely appreciates your cooperation in this matter.

All of these requests are made on behalf of a staff who are working a hybrid schedule and doing their best to accommodate all eligible families. CHSofNJ recognizes 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. 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.
# 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.

## 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:

<table>
<thead>
<tr>
<th>COLUMN A (PRIMARY DOCUMENTATION)</th>
<th>COLUMN B (SECONDARY DOCUMENTATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit one:</td>
<td>Submit two:</td>
</tr>
<tr>
<td>☑ Driver's License</td>
<td>☑ High School Diploma, GED, or College Diploma</td>
</tr>
<tr>
<td>☑ Government Issued Photo ID Card</td>
<td>☑ Health Insurance Card or Prescription Card</td>
</tr>
<tr>
<td>☑ Military Photo ID Card</td>
<td>☑ Printed Paystub</td>
</tr>
<tr>
<td>☑ Employer Issued Photo ID</td>
<td>☑ Birth Certificate (applicant/co-applicant or child's)</td>
</tr>
<tr>
<td>☑ School Photo ID</td>
<td>☑ Social Security Card</td>
</tr>
<tr>
<td>☑ Passport</td>
<td></td>
</tr>
<tr>
<td>☑ Permanent Resident Card (Green Card)</td>
<td></td>
</tr>
</tbody>
</table>

## ADDRESS

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Current Rental/Lease Agreement or Mortgage Bill</td>
<td>☑ Home utility bills</td>
</tr>
<tr>
<td>☑ Court decree (if applicable)</td>
<td>☑ Medical documentation</td>
</tr>
<tr>
<td>☑ School records showing residence</td>
<td>☑ Vehicle Registration or Title or NJ Driver's License</td>
</tr>
<tr>
<td>☑ Custody Agreement or other court documents for guardianship</td>
<td>☑ Most recent filed tax forms showing dependency (For dependents 18+, must provide filed IRS 1040 Form)</td>
</tr>
</tbody>
</table>

*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:

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Child's Birth Certificate</td>
</tr>
<tr>
<td>☑ Court decree (if applicable)</td>
</tr>
<tr>
<td>☑ Custody Agreement or other court documents for guardianship (if applicable)</td>
</tr>
</tbody>
</table>

For each dependent residing in the home and included in the family size, submit one of the following to verify family size:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Birth Certificate</td>
<td>☑ Court decree (if applicable)</td>
</tr>
<tr>
<td>☑ Custody Agreement or other court documents for guardianship (if applicable)</td>
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</table>
# NJ CHILD CARE SUBSIDY PROGRAM

## Documentation Checklist Continued

### CHILD CITIZENSHIP STATUS

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

- U.S. Birth Certificate
- Certificate of Citizenship
- U.S. Passport or Passport Card
- Social Security Card
- Permanent Resident Card (Green Card)
- USCIS Form I-551 (Alien Registration Card)
- Refugee Travel Document (Form I-571)
- 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:

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

Applicant/Co-Applicant Information

1. PARENT/APPLICANT NAME

<table>
<thead>
<tr>
<th>(Last)</th>
<th>(First)</th>
<th>(M.I.)</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
</tr>
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</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
- More than one race
- Native American
- White

ETNICITY:  
- 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)

<table>
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- White

ETNICITY:  
- 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 guard out of home placement shall be counted to determine the size of the family.

Family Income Information

Attach Original Proof of Income. For Recent Four Consecutive Weeks.

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:

Work/School/Training Information

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:

School

Training

Full Time

Part Time

Seasonal Employment

# Hrs/Wk

# Mos/yr

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:

School

Training

Full Time

Part Time

Seasonal Employment

# Hrs/Wk

# Mos/yr

* 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>
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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: / /

<table>
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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: / /

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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)

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DYFS USE: (Enter the NJ Spirit Case No.): Program: Code: Component:
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Enrollment Date: / /

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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: / /
**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/reehabilitation 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.

<table>
<thead>
<tr>
<th>FULL NAME OF CHILD NO. 1</th>
<th>SOCIAL SECURITY NO.</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last)</td>
<td>(First)</td>
<td>(M.I.)</td>
</tr>
<tr>
<td>(9 Digit Number)</td>
<td>(Mo./Day/Year)</td>
<td></td>
</tr>
</tbody>
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- 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)

<table>
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<tr>
<th>AGENCY USE: Status (Check One):</th>
<th>□ Denied □ Approved □ Waiting List □ Pending</th>
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<tr>
<td>DYFS USE: (Enter the NJ Spirit Case No.)</td>
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<td>Program: Code: Component:</td>
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<td>Assessed Co-Payment (Enter and Circle One): $ Wk. Mo.</td>
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<td>Enrollment Date: / /</td>
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**FULL NAME OF CHILD NO. 2**

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- 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:
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**FULL NAME OF CHILD NO. 3**

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<tr>
<th>SOCIAL SECURITY NO.</th>
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- 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:
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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 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 number 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 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 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: __________________________

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: __________________________

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:

Are your family assets worth more than $1,000,000?  □ No  □ Yes
Note: Assets may include but are not limited to, personal bank accounts, business accounts, real estate, and personal property.

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

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

<table>
<thead>
<tr>
<th>Is there a Co-Applicant?</th>
<th>□ No</th>
<th>□ Yes</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></td>
<td></td>
</tr>
<tr>
<td>In the National Guard/Military Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Employed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you homeless based on one or more of the following?  □ No  □ Yes
- 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
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:

<table>
<thead>
<tr>
<th>¿Los activos de su familia tienen un valor superior a $1,000,000?</th>
<th>No</th>
<th>Sí</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nota: Los activos pueden incluir, entre otros, cuentas bancarias personales, cuentas de negocio, bienes inmuebles y propiedad personal.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>El (la) solicitante:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Está en el servicio militar activo de tiempo completo</td>
</tr>
<tr>
<td>Está en la Guardia Nacional/Reserva Militar</td>
</tr>
<tr>
<td>Trabaja por cuenta propia</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>¿Hay un(a) co-solicitante?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Si la respuesta es sí:</td>
</tr>
<tr>
<td>Está en el servicio militar activo de tiempo completo</td>
</tr>
<tr>
<td>Está en la Guardia Nacional/Reserva Militar</td>
</tr>
<tr>
<td>Trabaja por cuenta propia</td>
</tr>
</tbody>
</table>

| ¿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.

<table>
<thead>
<tr>
<th>Nombre del solicitante</th>
<th>Firma del (la) solicitante</th>
<th>Fecha de hoy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nombre del co-solicitante</td>
<td>Firma del (la) co-solicitante</td>
<td>Fecha de hoy</td>
</tr>
</tbody>
</table>

DISCRIMINACIÓN
Este programa prohíbe la discriminación al determinar la elegibilidad para recibir asistencia para el cuidado infantil. Si considera que ha sido discriminado, 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
CHILD SUPPORT PRINTOUT DIRECTIONS

THE NJ CHILD SUPPORT WEBSITE:
http://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.
  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>Email Address:</td>
</tr>
<tr>
<td>Presently Employed</td>
<td>Yes[ ] No[ ]</td>
</tr>
<tr>
<td>Number of Work Hours per Week:</td>
<td></td>
</tr>
<tr>
<td>Date Employment Started:</td>
<td></td>
</tr>
<tr>
<td>Number of Months Worked Annually:</td>
<td></td>
</tr>
<tr>
<td>Date Employment Ended:</td>
<td></td>
</tr>
<tr>
<td>If Seasonal - Start Date:</td>
<td>End Date:</td>
</tr>
<tr>
<td>Receives Paid Time Off (i.e. vacation/sick/snow days):</td>
<td>Yes[ ] No[ ]</td>
</tr>
<tr>
<td>Receives W2:</td>
<td>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 $ per Hour/Diem/Daily/Bi-weekly/Bi-Monthly/Monthly</td>
<td>or Annual Salary $</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>Print Name and Title of Individual Completing the Form</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:**
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:


2. Telephone Request: Available from the IRS by calling 1-800-908-9946


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.
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.

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 a week), 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

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.

Payment
Before payment for your child care can start, both you and your provider must sign the Parent/Applicant and Provider Agreement (PAPA) and the 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 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.