



June 2, 2009

New York State  
Office of  
Children & Family  
Services

[www.ocfs.state.ny.us](http://www.ocfs.state.ny.us)

Mr. John E. Imhof, Ph.D., Commissioner  
Nassau County Department of Social Services  
60 Lindbergh Boulevard  
Uniondale, NY 11553

Dear Commissioner Imhof:

This letter is to inform you that the child care section found in the administrative component of your Annual Plan Update 2008-2009 was approved on June 2, 2009. The child care section became effective on June 2, 2009.

David A. Paterson  
*Governor*

Gladys Carrión, Esq.  
*Commissioner*

This approval is being issued separate from the approval of other sections of your plan in order to accommodate your county's need to implement the child care services provisions. A letter approving the remaining sections of your plan will be sent upon their approval.

If you have any questions about this approval or the child care section found in your Annual Plan Update 2008-2009 please contact Ms. Amy Ryan, (518) 474-9620 or by e-mail at [Amy.Ryan@ocfs.state.ny.us](mailto:Amy.Ryan@ocfs.state.ny.us).

Capital View Office Park  
52 Washington Street  
Rensselaer, NY 12144

Sincerely,

Janice M. Molnar  
Deputy Commissioner  
Division of Child Care Services

cc: Thomas Brooks  
Elaine McKay



**CHILDCARE SECTION  
DATED 2007-2009**

**County:** NASSAU

**Required Appendices**

**APPENDIX G-1**

**I. Administration**

Describe how your district is organized to administer the childcare program including any functions that are subcontracted to an outside agency.

1. Identify the unit that has primary responsibility for the administration of childcare for:

Public Assistance Families: Temporary Assistance Units 1 thru 4.

Transitioning Families: Day Care Unit 2.

Income Eligible Families: Day Care Units 1, 2, 3 and 4.

Title XX: Day Care Units 1, 2, 3 and 4

2. Indicate the use of New York State Child Care Block Grant (NYSCCBG) Funds.

FFY 06-07 Rollover Funds ( <i>this amount is available from the NYSCCBG ceiling report in the claiming system</i> )	<b>\$0</b>
Estimate of FFY 07-08 Rollover Funds	<b>\$0</b>
Estimate of Flexible Funds for Families (FFFS) for child care subsidies	<b>\$875,000</b>
NYSCCBG Allocation for SFY 08-09	<b>\$28,062,980</b>
Estimate of Local Share	<b>\$2,500,000</b>
<b>Total Estimated NYSCCBG Amount</b>	<b>\$31,437,980</b>

Total NYSCCBG Amount (SFY0809): \$31,437,980

A. Subsidy	\$29,771,081
B. Other program costs (excluding subsidy)	\$ 100,000
C. Administrative costs	\$ 1,566,899

3. Does your district have a contract or formal agreement with another organization to perform any of the following functions?

<u>Function:</u>	<u>Organization:</u>	<u>Amount of Contract:</u>
<input type="checkbox"/> Eligibility screening		
<input type="checkbox"/> Screening of legally-exempt providers		
X Assistance in locating care	Childcare Council	\$100,000
<input type="checkbox"/> Childcare Information Systems		

**APPENDIX G-2**

**II. Other Eligible Families if Funds are Available**

Listed below are optional categories of eligible families that your district can include as part of its CFP. Select any categories your district wants to serve and describe any limitations associated with the category.

Optional Categories	Option	Limitations
1. Public Assistance (PA) families participating in an approved activity in addition to their required work activity.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2. PA families or families with income up to 200% of the State Income Standard (SIS) when the caretaker is:  a) participating in an approved substance abuse treatment program  b) homeless  c) a victim of domestic violence  d) in an emergency situation of short duration	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a)  b)  c)  d)
3. Families with an open child protective services case when childcare is needed to protect the child.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Families with income up to 200% of the SIS when childcare services are needed because the child's caretaker:  a) is physically or mentally incapacitated  b) has family duties away from home	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	a)  b)

5. Families with income up to 200% of the SIS when childcare services are needed for the child's caretaker to actively seek employment for a period up to 6 months.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6. PA families where a sanctioned parent is participating in unsubsidized employment, earning wages at a level equal to or greater than the minimum amount under law.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unless specifically denied under sanctions.
7. Families with income up to 200% of the SIS when childcare services are needed for the child's caretaker to participate in:		
a) a public or private educational facility providing a standard high school curriculum offered by or approved by the local school district	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	On a limited basis when authorized. For a period not to exceed 12 consecutive calendar months when an applicant lacks the basic skills necessary to obtain at least entry level employment and not as a service to two parent families.
b) an education program that prepares an individual to obtain a NYS High School equivalency diploma	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	On a limited basis when authorized. For a period not to exceed 12 consecutive calendar months when an applicant lacks the basic skills necessary to obtain at least entry level employment and not as a service to two parent families.
c) a program providing basic remedial education in the areas of reading, writing, mathematics, and oral communications for individuals functioning below the ninth month of the eighth grade level	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d) a program providing literacy training designed to help individuals improve their ability to read and write;	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
e) English as a second language (ESL) instructional program designed to develop skills in listening, speaking, reading and writing the English language for individuals whose primary language is other than English	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<p>f) a two year full-time degree granting program at a community college, a two year college, or an undergraduate college with a specific vocational goal leading to an associate degree or certificate of completion</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>g) a training program, which has a specific occupational goal and is conducted by an institution licensed or approved by the State Education Department other than a college or university</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p>On a limited basis when authorized. For a period not to exceed 12 consecutive calendar months when an applicant lacks the basic skills necessary to obtain at least entry level employment and not as a service to two parent families.</p>
<p>h) a prevocational skill training program such as, a basic education and literacy training program</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>i) a demonstration project designed for vocational training or other project approved by the Department of Labor.</p> <p><b>The parent/caretaker must complete the selected programs listed under number seven within 30 consecutive calendar months. The parent/caretaker cannot enroll in more than one program.</b></p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>8. PA recipients and low income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year program other than one with a specific vocational sequence (leading to an associates degree or certificate of completion and that is reasonably expected to lead to an improvement in the parent/caretaker's earning capacity) as long as the parent(s) or caretaker is also working at least 17 ½ hours per week. The parent/caretaker must demonstrate his or her ability to successfully complete the course of study.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<p>9. PA recipients and low income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a two-year college or university program (other than one with a specific vocational sequence) leading to an associates degree or a certificate of completion that is reasonably expected to lead to an improvement in the parent/caretaker's earning capacity as long as the parent(s) or caretaker is also working at least 17 ½ hours per week. The parent/caretaker must demonstrate his or her ability to successfully complete the course of study.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>10. PA recipients and low income families with incomes up to 200% of the State Income Standard who are satisfactorily participating in a four-year college or university program (leading to a bachelor degree and that is reasonably expected to lead to an improvement in the parent/caretaker's earning capacity) as long as the parent(s) or caretaker is also working at least 17 ½ hours per week. The parent/caretaker must demonstrate his or her ability to successfully complete the course of study.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## APPENDIX G-3

### **III. Reasonable Distance, Very Low Income, Family Share, Case Closings and Case Openings and Fraud and Abuse Control Activities**

#### **Reasonable Distance**

Your district is required to define reasonable distance based on community standards for determining accessible childcare.

The following defines "reasonable distance":

*A one-way trip, which takes no longer than ninety minutes to accessible childcare and a work activity.*

Describe any steps/consultations made to arrive at your definition:

*Reasonable Distance Defined. NYS requires each county to define reasonable distance in terms of time and/or distance in miles. Each county must answer the question, how long (in hours and minutes, or miles) is it reasonable to expect FA and SN recipients to travel, in going from home to work activity site, with a stop at a childcare provider along the way? The answer to these questions varies from county to county, and is dependent upon a number of factors, including the location of the communities where welfare recipients live, the locations of childcare providers and employers, and the availability of public and private means of transportation.*

*The Nassau County Department of Social Services (DSS) is responsible for defining reasonable distance for the TANF and SN programs, as it relates to childcare accessibility and work activity participation. In developing this definition, DSS reviewed the demographics of the welfare population, the availability of public and private transport, and the distribution of employers and childcare providers in Nassau County. This analysis included consultation with the Long Island Regional Office of the NYS Department of Labor and MTA Long Island Bus. Based upon this analysis, the above definition of reasonable distance had been developed.*

#### **Very Low Income**

Very Low Income is defined by each district and is used in determining priorities for childcare benefits.

Very Low Income is defined as 200% of the State Income Standard.

#### **Family Share**

Family share is the weekly amount paid towards the costs of the childcare services by the child's parent or caretaker. In establishing family share, your district must select a percentage from 10% to 35% to use in calculating the family share. The family share of childcare is calculated by applying the family share percentage against the amount of the family's gross income that is in excess of the State Income Standard divided by 52.

Family Share Percentage selected by our district 17.5%.

The Family Share fee will be prorated to 50 percent for all children receiving a part-day rate. If receiving an hourly rate, the fee will be calculated based on the equivalent of full-time or part-day. The fee, since it is based on families and not individuals, will be determined based upon the child receiving the highest cost of care.

**Case Closings (select one or two)**

1. Our district has established local priorities beyond the federally mandated priorities. If all NYSCCBG funds are committed, our district will discontinue funding to those families that have lower priorities in order to serve families with higher priorities. Described below is how our district will select cases to be closed in the event that there are insufficient or no funds available.

In the event that there are limited or no Day Care funds available, cases for families receiving Day Care would be closed first to last in the following order:

1. Families seeking employment or participating in approved educational activities.
  2. PA families participating in an approved activity in addition to their required work activity.
  3. Families where the caretaker is physically or mentally incapacitated or has duties away from home.
  4. PA families participating in substance abuse treatment involved in short term emergency situations, homeless, and victims of domestic violence.
  5. PA families where a sanctioned parent is participating in employment.
  6. Low income (200% or less of the poverty level) families opened first would be closed first. The same method would apply to cases qualifying under both Title XX and CCBG. Children with special needs would, however, be exempt from this selection criterion and would be closed last in this category.
  7. Families where Day Care Services are needed as part of a Protective Service Plan.
2. *Our district has not established priorities beyond the federally mandated priorities. If all NYSCCBG funds are committed, case closings for families, which are not eligible under a childcare guarantee and are not a federally mandated priority, must be based on the length of time in receipt of services. The length of time used to close cases may be based either on the shortest or longest time receiving childcare services but must be consistent for all families.*

*Our district has chosen to close cases based on*

- shortest time receiving childcare services*
- longest time receiving childcare services*

**Case Openings**

Described below is how our district will select cases to be opened in the event that there are insufficient funds available.

In the event that limited Day Care funds are available, cases would be opened in the reverse order of which they would be closed (See Case Closings).

Low income (200% or less of the poverty level) working families who have not utilized Day Care Services previously, would be opened before cases for low income applicants who had

already utilized Day Care Services, even if Day Care had been given as part of a TA guarantee. The longer the family has been in receipt of Day Care benefits, the further down on the opening list they would go. This selection method would apply to both Title XX and CCBG applicants.

#### **Fraud and Abuse Control Activates**

The district must identify below the criteria it will use to determine which child care subsidy applications suggest a higher than acceptable risk for fraudulent or erroneous child care subsidy payment and procedures for referring such applications to the district's front end detection system.

Criteria used to determine which applications have a higher than acceptable risk for fraud:

1. Off-the books employment.
2. History of prior fraud.
3. Information submitted on current application is inconsistent with information on a prior application that was denied or closed within the last 90 days.
4. Case was previously closed/denied as result of a special investigation.

Procedure for referring such applications to the district's front-end detection system:

Form 30N90 "Quality Assurance Review Referral" will be filled out and sent to the Quality Assurance Unit for further investigation.

The district must describe below its sampling methodology used to determine which cases it will seek verification of an applicant or recipient's continued need for child care including, as applicable, verification of participation in employment, education or other required activities.

Sampling methodology:

1. All child care cases utilizing licensed and registered care will receive a "mini-recertification" packet asking for verification of basic eligibility factors at six months interval from case opening or authorization.
2. All childcare cases utilizing legally exempt care will be required to submit verification of hours/days worked, income received with monthly attendance bills prior to reimbursement.

The district must describe below its sampling methodology used to determine which child care providers of subsidized child care services they will review for the purpose of comparing the child care providers attendance forms for children receiving subsidized child care services and any child and adult care food program inspection forms to verify that child care was actually provided on the days listed on the attendance forms.

Sampling methodology:

- A random sample will be used to pull 132 Family and Group Family Programs to match billing records submitted for subsidy reimbursement against CACFP inspection forms.

## APPENDIX G-4

### IV. District Options

Districts have certain flexibility to administer the childcare subsidy program to meet local needs. Check which options that your district wishes to include in your county plan. Complete attachments for any area(s) checked.

1.  Our district has identified local priorities in addition to the federal priorities (complete Appendix G-5).
2.  Our district has chosen to establish funding set-asides for NYSCCBG (complete Appendix G-6).
3. X Our district is using Title XX funds for the provision of childcare services for low-income eligible families (complete Appendix G-7).
4.  Our district has chosen to establish additional local standards for childcare providers (complete Appendix G-8).
5. X Our district has chosen to make payments to childcare providers for absences (complete Appendix G-9).
6.  Our district has chosen to make payments to childcare providers for program closures (complete Appendix G-10).
7. X Our district has chosen to pay for transportation to and from a childcare provider (complete Appendix G-11).
8.  Our district has chosen to pay up to a 15% higher than the applicable market rates for regulated childcare services that have been accredited by a nationally recognized childcare organization (complete Appendix G-11).
9.  Our district has chosen to pay up to 15% higher than the applicable market rates for non-traditional hours (complete Appendix G-11).
10.  Our district has chosen to pay for childcare services while a caretaker who works the second or third shift sleeps (complete Appendix G-11).
11.  Our district has chosen to make payments to childcare providers who provide childcare services, which exceed 24 consecutive hours (complete Appendix G-12).
12. X Our district has chosen to include 18, 19 or 20 year olds in the Childcare Services Unit (complete Appendix G-12).

APPENDIX G-4 (continued)

13.  Our district is seeking a waiver from one or more regulatory provisions. Such waivers are limited to those regulatory standards that are not specifically included in law (complete Appendix G-12).\*

14.X Our district has chosen to pay for breaks in activity for low-income families (non public assistance families, complete Appendix G-12).

15.X Our district has chosen to use local equivalent forms such as, but not limited to, childcare application, client notification and/or legally exempt enrollment forms (attach copies of the local equivalent forms your district uses).

**ATTACH FORMS HERE**

Any previous approvals for local equivalent forms will not be carried forward into this county plan. Therefore, any local equivalent forms a district wishes to establish or renew must be included in this plan and will be subject to review and approval by OCFS.

**CHILDCARE SECTION  
DATED 2007-2009**

**County:** NASSAU

**Optional Appendices**

**APPENDIX G-7**

**TITLE XX CHILDCARE**

Projected total Title XX expenditures for 3 year plan duration:     \$ 85,000,000

Financial eligibility limits (percentage of State Income Standard) your district will apply based on family size. Maximum reimbursable limits are 275% for a family of 1 or 2, 255% for a family of 3, and 225% for a family of 4 or more. Districts that are utilizing Title XX funds only for child protective and/or preventive child care services must not enter financial eligibility limits as these services are offered without regard to income.

Family Size: (2)     275% (3)     255% (4)     225%

Programmatic Eligibility for Income Eligible Families. (Check all that apply.)

Title XX: X employment                   X education/training

                  seeking employment X illness/incapacity

X homelessness                   X domestic violence

X emergency situation of short duration

                  participating in an approved substance abuse treatment program

Does your district apply any limitations to the programmatic eligibility criteria?

YES   X NO

(See Technical Assistance #1 for information on limiting eligibility.)

If yes, describe eligibility criteria:

Does your district prioritize certain eligible families for Title XX funding?

YES   X NO

If yes, describe which families will receive priority:

Does your district use Title XX funds for childcare for open child protective services cases?

X YES    NO

Does your district use Title XX funds for childcare for open child preventive services cases?

X YES    NO

**APPENDIX G-9**

**PAYMENT TO CHILDCARE PROVIDERS FOR ABSENCES**

The following providers are eligible for payment for absences:  
(Check any that are eligible)

- |   |                       |   |                      |
|---|-----------------------|---|----------------------|
| X | Day Care Center       | X | School Age Childcare |
| X | Group Family Day Care |   | Legally Exempt Group |
| X | Family Day Care       |   |                      |

Our district will only pay for absences to providers with which the district has a contract or letter of intent.    X Yes  No To be filled

Base period selected (check one)     3 months        X 6 months

The base period is the beginning of the calendar year and all children entering during the six-month period will have absences prorated. All absences after the initial period will be computed on the maximum permissible for a six-month period. January and July are the two effective dates.

Number of absences allowed during base period:

Period	Routine Limits (# of days)	Extenuating Circumstances (# of days)	Total Number of Absences Allowed (# of days)
In a month	12	3	15
Base period	24	16	40

\* All absences are reviewed for appropriate payment.

List reasons for absences for which the district will allow payment:  
Illness of child or parent as approved.

List any limitations on the above providers' eligibility for payment for absences:  
Vacation

Note: Legally exempt family childcare and in-home childcare providers are not eligible to receive payment for absences.

## APPENDIX G-11

### TRANSPORTATION, DIFFERENTIAL PAYMENT RATES, SLEEP

#### Transportation

Describe below under what circumstances and limitations if any your district will use to reimburse for transportation, what type of transportation will be reimbursed (public vs. private), and how much your district will pay (per mile or trip). Note if paying for transportation, Appendix F will need to reflect this choice.

*DSS pays transportation costs to the Contractee, only if it is included in the Contract. DSS does not reimburse clients for transportation costs; Appendix F need not reflect this in the matrix.*

#### Differential Payment Rates

Indicate below the percentage above the market rate your district has chosen.

Accredited Programs may receive a differential payment up to      % above market rate.

Care during non-traditional hours may be paid up to      % above market rate.

Limitations to the above differentials are as follows:

Payments may not exceed 15 % above market rate. However, if your district wishes to establish a payment rate that is in excess of 15 % above the applicable market rate you must describe below why the 15 % maximum is insufficient to provide access within the district to accredited programs and/or care provided during non-traditional hours.

#### Sleep

The following describes the standards that will be used in evaluating whether or not to pay for childcare services while a parent or caretaker that works a second or third shift sleeps and any limitations pertaining to payment:

Indicate the number of hours allowed by your district (maximum number of hours allowed is eight).

## APPENDIX G-12

**CHILDCARE EXCEEDING 24 HOURS, CHILDCARE SERVICES UNIT, WAIVERS,  
BREAKS IN ACTIVITIES**

**Childcare Exceeding 24 Hours**

Childcare services may exceed 24 consecutive hours when such services are provided on a short-term emergency basis or in other cases where the caretaker's approved activity necessitates care for 24 hours on a limited basis.

Describe any limitations for payment of childcare services that exceed 24 consecutive hours.

**Childcare Service Unit\***

The Childcare Service Unit is the basis upon which a district will determine which household and/or family should be counted in determining family size and countable family income.

Our district will include the following in the Childcare Services Unit (check which ones apply).

X 18 year old      X 19 year old       20 year old

Our district will include only the following in the Childcare Services Unit when it will benefit the family (check which ones apply).

X 18 year old      X 19 year old       20 year old

Describe the criteria your district will use to determine whether or not an 18, 19 or 20 year old is included in the Childcare Services Unit.

If family is over income for childcare services without inclusion of 18 or 19 year old (and) the 18 or 19 year old is sibling or stepsibling of applying child, unmarried, lives with caretaker and has no children of his/her own; 18 or 19 year old is out of household, e.g. in college but is the financial responsibility of the caretaker; 18 or 19 year old may be excluded if his/her earnings place family over income for childcare services.

**Waivers\***

Districts have the authority to request a waiver of any regulatory provision that is non-statutory. Describe and justify why your district is requesting a waiver.

**Break in Activities**

Districts may pay for childcare services for low income families during breaks in activities for a period not to exceed two weeks or for a period not to exceed one month where childcare arrangements would otherwise be lost and the subsequent activity is expected to begin within that period (check one).

X two weeks       four weeks

Will pay up to two weeks when:

Teen parent attending high school during school breaks up to two weeks;

Caretaker changes or loses job and has definite job offer to begin within two weeks

Districts may provide childcare services while the caretaker is waiting to enter an approved activity or employment or on a break between approved activities. The following low income families are eligible for childcare services during a break in activities (check any that are eligible):

entering an activity     waiting to begin employment    X break between activities

Will provide when:

Caretaker completes approved training and will begin employment within two weeks.

APPLICATION FOR CHILD CARE ASSISTANCE

Application Date: \_\_\_\_\_ Worker \_\_\_\_\_ Case Type: 40 District: 28 Case Number: 8 Service Trans. Type:  New Op  Keep  Reopen  
 Case Name: \_\_\_\_\_ Disposition: Denied  Reason Code:  WD  *This Area for Office Use only*

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ NY Zip Code: \_\_\_\_\_  
 Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ NY Zip Code: \_\_\_\_\_  
 Former Address: \_\_\_\_\_ Other phone numbers 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 child need care? Yes No	Relationship to you	Hispanic or Latino? Yes No	Enter Y (Yes) or N (No) for each race*					
									I	A	B	F	W	
							SELF							

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

Please list maiden or other	First Name	M I	Last Name

32N49 - (09/03) APPLICATION FOR CHILD CARE ASSISTANCE

3

Disability Benefits (NYS, VA, Private)					
Rental/Boarders/Lodgers Income (received)					
Other (please specify)					
<i>Office Use Only</i>					

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

32N49 (09/03)

Are you currently receiving or applying for Temporary Assistance through a different application? Yes  No

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

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

List names of everyone under 21 and write the absent parent's name and address.

Name of Person Under 21	Absent Parent's Name and Address

Do you need child care so you can work? Yes  No  If no, list reason child care is needed \_\_\_\_\_

Current Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(If self-employed list the name of your company)

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

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

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

**INCOME - ANSWER ALL QUESTIONS LISTED BELOW**

Indicate if you or anyone applying with you receives money from:	Yes	No	Gross Amount	Period (e.g., 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)					

32N49 (09/03)

**READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM**

**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 Assistance, 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 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; and such Child Care Assistance must be used for the other person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

**CHANGES** - I agree to inform the agency promptly 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 promptly 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 Assistance. 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 ASSISTANCE** - I hereby certify under penalties of perjury, that all the children in need of Child Care Assistance

(List the names of all the child(ren) that are in need of child care assistance)

are United States (U.S.) citizens or nationals or persons with satisfactory immigration status. I understand that this information about these children may be submitted to the Immigration and Naturalization Service (INS) for verification of immigration status, if applicable. I further understand that the use or disclosure of this information about these children is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of provisions of the Child Care Assistance program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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.

APPLICANT/PARENT/RESIDENT SIGNATURE	DATE SIGNED	HUSBAND/WIFE SIGNATURE	DATE SIGNED
-------------------------------------	-------------	------------------------	-------------

Please return to the address below:

32N49 (09/03)

Phone: Fax:

Use this area for additional information:

9

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

SIGNATURE \_\_\_\_\_

10

12

DATE \_\_\_\_\_

32N49 (09/03) APPLICATION FOR CHILD CARE ASSISTANCE (INSERT)

For Agency Use Only

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

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

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

Comments:

32N49 (09/03) APPLICATION FOR CHILD CARE ASSISTANCE (INSERT)