

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD CARE ELIGIBILITY REDETERMINATION COMING DUE

NOTICE DATE: / /	EFFECTIVE DATE: / /	NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:		
CASE NUMBER:	CIN NUMBER:	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP: OR Agency Conference: Fair Hearing Information and Assistance: 1-800-342-3334 Record Access: Legal Assistance Information:		
CASE NAME (And C/O Name if Present) AND ADDRESS:				
OFFICE NO.:	UNIT NO.:	WORKER'S NO.:	UNIT OR WORKER'S NAME:	WORKER'S TELEPHONE NO.: () -

This letter is to tell you that the local department of social services must re-determine your continued eligibility to receive child care assistance. You must complete and return the enclosed application along with all required documentation indicated below so that we can determine if you are eligible to continue receiving child care assistance.

You must submit documentation by ____ / ____ / ____

LDSS-2921, New York State Application for Certain Benefits and Services or OCFS-6025, Application for Child Care Assistance or Local Equivalent Child Care Application – Complete and Sign.

Proof of Employment Income of Applicant and Spouse/Other Applying Parent

*Not required if you recertified for an approved financial eligibility program within the last six months.

Approved Program: _____

- Pay stubs
- Employment verification letter
- Self-employment business records, tax records, or other records of self-employment earnings and expenses

Proof of Other Income

*Not required if you recertified for an approved financial eligibility program within the last six months.

Approved Program: _____

- Social Security
- Pensions/Annuities
- Alimony/Spousal Support
- Rental/Boarder Income
- Dividends, Interest Income
- Unemployment Insurance Benefits
- Child Support
- Other Income
- Public Assistance/Safety Net
- Workers' Compensation
- Disability Benefits

Proof of Education/Training of Applicant and Spouse/Other Applying Parent

- A copy of last report card or transcript
- Documentation of the educational/training program

Proof of Residency

- A statement from your landlord verifying your residency
- A copy of current rent receipt, lease, or mortgage statement

Other:

WHAT HAPPENS IF I DO NOT SEND IN MY INFORMATION ON TIME?

If you fail to submit the completed application and required documentation by ____ / ____ / ____:

- You will stop receiving child care benefits beginning on ____ / ____ / ____.
- You will receive the *Notice of Intent to Discontinue Child Care Benefits*, which will advise you again when your child care benefits will be discontinued and what rights you have to appeal the action.
- For families receiving child care assistance in lieu of Temporary Assistance (known as Cash Assistance in NYC), we will not be able to determine your continued eligibility for such assistance or your eligibility for Transitional Child Care (TCC).

CALL YOUR CASEWORKER IF:

- You cannot obtain some of the required documentation by the due date above;
- You aren't sure if your pay is steady or varying; or
- You have other questions.

Additional Comments: _____