



1580 Lake Street – Suite 200  
(607) 734-3941 Fax: (607) 737-7293  
[www.chemchildcare.com](http://www.chemchildcare.com): [info@chemchildcare.com](mailto:info@chemchildcare.com)

### Child Care Subsidy Application – Original Letter

Dear Parent/Guardian:

Enclosed please find the Child Care Subsidy Application Packet. Please complete the application in full and sign and date the application the DAY YOU TURN IT IN with all of the forms and copies of the required documents. Failure to turn in a COMPLETE, signed/dated application with all of the required documents will delay your application.

Note: You must complete the application in FULL. Do not leave items blank. Under Section 4 you must provide the name AND address of the Absent Parent if both parents are not in the same household. Applications that do not have this section completed will automatically be sent to the DSS Special Investigations Unit for further investigation to obtain this information. If this information is not known then you must put unknown in this section. This will delay your application.

The following MUST be included with your application in order for your application to be processed.

1. **COPIES** of One month of current consecutive paystubs for all working family household members who are over the age of 18 years old. NOTE: If you do not yet have any paystubs you MUST give the Employment Verification Letter to your employer for them to complete and return directly to the Child Care Council. Paystubs may be requested once you have them.
2. **COPIES** of birth certificates for everyone in the family unit.
3. **COPIES** of any child support paperwork.
4. **COPIES** of any Social Security income paperwork.
5. **COPIES** of any Disability income paperwork.
6. **COPY** of proof of residency such as a landlord statement; gas/electric bill or driver's license
7. If you are attending school and are working at least 20 hours per week and are requesting child care subsidies during your school time **COPIES** of proof you are enrolled in school and your school/class schedule.
8. **CHILD CARE PROVIDER FORM** to be completed and signed/dated by you and your child care provider.
9. Review and sign this original application letter which indicates you understand your responsibilities and agree to abide by the requirements for the child care subsidy program.

If after the initial review of your case further documents are required you will receive a letter indicating what is needed.

**Pg. 2 – Child Care Subsidy Application – original letter**

**DO NOT SEND ORIGINAL DOCUMENTS** as all documents submitted are SHREDDED once they are scanned into the County Database system. The Child Care Council IS NOT RESPONSIBLE FOR ANY ORIGINAL DOCUMENTS THAT YOU SUBMIT.

The County DSS has **30 days** from the date of your application to make a decision regarding your eligibility. **KEEP A COPY OF EVERYTHING YOU SUBMIT FOR YOUR RECORDS.**

**Return your completed application with all required forms and COPIES of required documents to the Chemung County Child Care Council at the address at the top of this letter OR put everything in a large envelope and put it in the Child Care Council Drop Box at the corner of our parking lot. If you have any questions you may call the Subsidy Staff at 607-734-3941. Thank you.**

**IMPORTANT PARENT RESPONSIBILITIES:**

- You are responsible for the **FULL COST OF YOUR CHILD CARE** until you receive a letter indicating if you are approved for assistance. In the event your application is denied you will continue to be responsible for the full cost of your child care.
- If your application is approved you are must pay your parent fee to the child care provider/program. If you use more than one child care program and stop using the provider/program to which you pay the parent fee you are responsible to start paying the parent fee to the other provider/program. You must notify the Child Care Council if you **CHANGE** who you pay your parent fee to.
- You must notify the Child Care Council immediately if you have a change in the child care program you use; household size; change employment including where you work and or days/hours you work; change in income; changes in custody; address or telephone; or any other changes that could affect your eligibility.
- You must sign your child in and out of the child care program each day and review the final attendance sheet and approve it with your signature and date before the child care provider/program can bill for care provided.
- You must re-certify/re-apply for child care subsidies every 12 months or sooner if your approval is for less than 12 months.
- Child care subsidies will only be paid to the child care provider/program the days and times that you are approved for assistance.

**Certification:** I have read, understand and agree to my responsibilities for receiving public funding to assist with the cost of my child care.

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Parent signature

Date

DO NOT WRITE IN SHADED AREAS - COMPLETE ALL QUESTIONS NOT LISTED AS OPTIONAL

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**APPLICATION FOR CHILD CARE ASSISTANCE**

**ATTENTION:** This application is used to apply ONLY for Category 2 or 3 Child Care Assistance. To apply for Cash Public Assistance or other benefits, including Category 1 Child Care Assistance, you must use the *New York State Application for Certain Benefits and Services (LDSS-2921)*.

<b>CASE NAME</b>	<b>CASE #</b>	<b>REGISTRY #</b>	<b>OFFICE</b>	<b>UNIT</b>	<b>WORKER</b>	<b>APP DATE</b>
<b>DISTRICT:</b>	<b>CASE TYPE:</b> 40	<b>Services Transaction Type:</b> <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert.	<b>Disposition:</b> <input type="checkbox"/> Denial <input type="checkbox"/> Reason Code			<input type="checkbox"/> Withdrawal

**SECTION 1. APPLICANT'S INFORMATION**

FIRST NAME: \_\_\_\_\_ M.I.: \_\_\_\_\_ LAST NAME (Please include any ALIASES or MAIDEN names in parentheses.) \_\_\_\_\_ PHONE NUMBER ( ) - \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ APT NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_ APT NO. \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

FORMER ADDRESS (IN PAST YEAR): \_\_\_\_\_ OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED: \_\_\_\_\_

Marital status?  Single  Married  Divorced  Separated  Widowed

Primary language?  English  Spanish  Other (specify) \_\_\_\_\_

Email (optional): \_\_\_\_\_

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

LN	FIRST Name	M.I.	LAST Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM-DD-YY)	SEX (M/F)	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) Optional	Enter Y (Yes) or N (No) if Hispanic or Latino (Optional)				FOR EACH CHILD in need of child care, answer Yes/No			
								Does this child need child care? (Y/N)	Child is U.S. Citizen/National or Has Satisfactory Immigration Status?	Does child have a disability?	Do both parents reside in the home?				
								H	I	A	B	P	W		
1						SELF									
2															
3															
4															
5															
6															
7															
8															

\* Racial Affiliation Codes: I – Native American or Alaskan Native, A – Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White

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

**SECTION 3. OTHER HOUSEHOLD INFORMATION**

**DO ANY OF THESE APPLY TO YOU OR YOUR SPOUSE/OTHER PARENT IF THEY LIVE IN THE HOME?**

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Need child care to work
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Need child care for another reason. Give reason:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Homeless (no fixed, regular, and adequate place to stay at night)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	A parent is on active duty (serving full-time) in the U.S. Military.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	A parent is a member of a National Guard or Military Reserve unit.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Receiving or applying for Cash Public Assistance through a different application
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Receiving or applying for other child care funding. Agency Name:
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Pregnant. Due date: / /

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

NAMES OF CHILDREN UNDER 21	ABSENT PARENT'S NAME AND ADDRESS	Is absent parent available to provide care?	if No, give reason.	
			Yes	No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION**

EMPLOYER'S NAME	WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S ADDRESS	STATE	ZIP CODE
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the job require overtime (OT)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Hourly Wage: \$	SUNDAY FROM TO	MONDAY FROM TO
	TUESDAY FROM TO	WEDNESDAY FROM TO
	THURSDAY FROM TO	FRIDAY FROM TO
	SATURDAY FROM TO	SATURDAY FROM TO

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

Whose job information (check one)? <input type="checkbox"/> Applicant's job <input type="checkbox"/> Spouse's job <input type="checkbox"/> Other Parent's job	WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S NAME	STATE	ZIP CODE
EMPLOYER'S ADDRESS	CITY	
Does the job have rotating or variable shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the job require overtime (OT)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Hourly Wage: \$	SUNDAY FROM TO	MONDAY FROM TO
	TUESDAY FROM TO	WEDNESDAY FROM TO
	THURSDAY FROM TO	FRIDAY FROM TO
	SATURDAY FROM TO	SATURDAY FROM TO

**SECTION 7. INCOME INFORMATION**

Indicate if you or anyone who is applying with you receives money from:	YES	NO	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)
Income from work (including wages/salary, overtime, commissions, training programs, tips)	<input type="checkbox"/>	<input type="checkbox"/>						
Net Self-Employment Income	<input type="checkbox"/>	<input type="checkbox"/>						
Child Support Payments (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Alimony/Spousal Support (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Unemployment Insurance Benefits, Workers' Comp	<input type="checkbox"/>	<input type="checkbox"/>						
Social Security Benefits (including SSI)	<input type="checkbox"/>	<input type="checkbox"/>						
Disability Benefits (NYS, VA, Private)	<input type="checkbox"/>	<input type="checkbox"/>						
Rental/Boarder/Lodger Income (received)	<input type="checkbox"/>	<input type="checkbox"/>						
Dividends/Interest - Stocks, Bonds, Savings	<input type="checkbox"/>	<input type="checkbox"/>						
Pensions/Annuities	<input type="checkbox"/>	<input type="checkbox"/>						
Cash Public Assistance (PA) Grant, Safety Net Benefits	<input type="checkbox"/>	<input type="checkbox"/>						
Other (Please specify.)	<input type="checkbox"/>	<input type="checkbox"/>						

**SECTION 8. TRAVEL TIME BETWEEN CHILD CARE PROVIDER AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY.**

DROP-OFF	Travel time from the child care provider to work/activity?	Public Transportation?	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>
PICK-UP	Travel time from work/activity to the child care provider?	Public Transportation?	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 9. CHILD CARE PROVIDER INFORMATION**

PROVIDER NAME AND ADDRESS	NAMES OF CHILDREN	ALREADY ENROLLED?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

SCHOOL NAME AND ADDRESS	ATTENDANCE HOURS	
	START TIME	END TIME

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

**CHANGE REPORTING** – I understand that by signing this application form I agree to inform the agency immediately of any change in my needs, income, living arrangement, or address to the best of my knowledge or belief. I agree to inform the agency immediately of any change in child care arrangements, including where child care is provided, who is providing care, provider's fees, and hours for which child care is needed.

**PENALTIES** – Federal and state laws provide for penalties, including fines, imprisonment, or both if you do not tell the truth when you apply for Child Care Assistance or when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone, for whom you have applied, to obtain or continue to receive Child Care Assistance. If you are the authorized representative applying on behalf of someone else, Child Care Assistance must be used for that person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

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

**CONSENT FOR INVESTIGATION** – I understand that by signing this application form I agree to cooperate fully with any investigation to verify or confirm the information I have given or any other investigation in connection with my request for Child Care Assistance. I will provide additional information if it is requested.

**RESOURCES** – I certify that my family resources do not exceed \$1,000,000. Resources include, but are not limited to, cash, bank accounts, real estate, stocks, bonds, mutual funds, IRAs, 401(k) accounts, life insurance, trust accounts, annuities, burial funds/spaces.

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

**SECTION 12. CERTIFICATION AND SIGNATURE**

**CERTIFICATION:** I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to the local department of social services relating to Child Care Assistance is correct. I have read and understand the notices above. I understand and agree to the consents.

APPLICANT'S/REPRESENTATIVE'S SIGNATURE	DATE SIGNED	SECOND APPLICANT'S/REPRESENTATIVE'S SIGNATURE	DATE SIGNED
X	/ /	X	/ /

PRINT NAME: \_\_\_\_\_

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

<b>FOR AGENCY USE ONLY:</b>		CASE #	REGISTRY #	VERSION #	RE-USE INDICATOR	DISTRICT CASE TYPE: 40	DATE
SERVICES TRANS TYPE: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert.		DATE		Disposition: <input type="checkbox"/> Denial <input type="checkbox"/> Reason Code	DATE		<input type="checkbox"/> Withdrawal
ELIGIBILITY DETERMINED BY		CHILD CARE AUTHORIZATION TO DATE		ELIGIBILITY APPROVED BY			
L1 CIN: / /		L4 CIN: / /		COMMENTS:			
L2 CIN: / /		L5 CIN: / /					
L3 CIN: / /		L6 CIN: / /					
		L7 CIN: / /					
		L8 CIN: / /					
		L9 CIN: / /					

# NYS Agency-Based Voter Registration Form

**"If you are not registered to vote where you live now, would you like to apply to register here today?"**

**YES** If you checked **YES**, please complete the **VOTER REGISTRATION APPLICATION** below

**NO** because I choose not to register **OR**

I am already registered at my current address **OR**

I asked for and received a mail registration form

*If you do not check any box, you will be considered to have decided not to register to vote at this time.*

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

\_\_\_\_\_  
Please Print Name

**Important!**

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어 한국어 한국어 양식을 원하시면  
으로 전화 하십시오. 1-800-367-8683

☎ 1-800-367-8683

FORM 2011E

## VOTER REGISTRATION APPLICATION (instructions on back)

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink**  Yes, I would like to be an Election Day worker

<p><b>1</b> Are you a U.S. citizen?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you answered <b>NO</b>, do not complete this form</p>	<p><b>2</b> Will you be 18 years old on or before election day?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If you answered <b>NO</b>, do not complete this form unless you will be 18 by the end of the year</p>	<p><b>For Board Use Only</b></p>
<p><b>3</b> Last Name _____ First Name _____ Middle Initial _____ Suffix _____</p>		
<p><b>4</b> Address where you live (do not give P.O. box) _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____</p>		
<p><b>5</b> Address where you get your mail (if different than above) _____ P.O. Box, Star Route, etc. _____ Post Office _____ Zip Code _____</p>		
<p><b>6</b> Date of Birth _____</p>	<p><b>7</b> Sex <input type="checkbox"/> M <input type="checkbox"/> F</p>	<p><b>8</b> Telephone (optional) _____ Email (optional) _____</p>
<p><b>10</b> The last year you voted _____</p>	<p>Your address was (give house number, street and city) _____</p>	<p><b>9</b> <b>ID Number</b> (Check the applicable box and provide your number)</p> <p><input type="checkbox"/> New York State DMV number _____</p> <p><input type="checkbox"/> Last four digits of your Social Security number _____</p> <p><input type="checkbox"/> I do not have a New York State DMV or Social Security number</p>
<p>In county/state _____</p>	<p>Under the name (if different from your name now) _____</p>	
<p><b>11</b> <b>Political Party</b></p> <p><b>I wish to enroll in a political party</b></p> <p><input type="checkbox"/> Democratic party <input type="checkbox"/> Independence party</p> <p><input type="checkbox"/> Republican party <input type="checkbox"/> Women's Equality party</p> <p><input type="checkbox"/> Conservative party <input type="checkbox"/> Reform party</p> <p><input type="checkbox"/> Green party <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Working Families party</p> <p><b>I do not wish to enroll in a political party</b></p> <p><input type="checkbox"/> No party</p>		<p><b>12</b> <b>Affidavit: I swear or affirm that</b></p> <ul style="list-style-type: none"> <li>I am a citizen of the United States.</li> <li>I will have lived in the county, city or village for at least 30 days before the election.</li> <li>I will meet all requirements to register to vote in New York State.</li> <li>This is my signature or mark on the line below.</li> <li>The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.</li> </ul> <p>_____/_____/_____ Signature or Mark in ink Date</p>

## (Optional) Register to donate your organs and tissues

Last Name			
First Name		Middle Initial	Suffix
Address			
Apt Number	City/Town/Village		Zip Code
Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F		
Eye Color	Height _____ Ft. _____ In.		

**By signing below, you certify that you are:**

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death



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

## Qualifications for Registration

## Important

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### You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

### To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NYS Board of Elections 40 North Pearl St, Suite 5  
Albany, NY 12207-2729  
Telephone: 1-800-469-6872;  
TDD/TTY users contact the New York State  
Relay at 711; or visit our web site -  
[www.elections.ny.gov](http://www.elections.ny.gov)

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

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## Verifying your identity

**We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.**

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

## To complete this form:

**It is a crime to procure a false registration or to furnish false information to the Board of Elections.**

**Box 9:** You must make one selection. For questions refer to Verifying your identity above.

**Box 10:** If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

**Box 11:** Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

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NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**HOW TO COMPLETE THE APPLICATION FOR CHILD CARE ASSISTANCE**

**CATEGORIES OF CHILD CARE ASSISTANCE IN THE NEW YORK STATE CHILD CARE BLOCK GRANT PROGRAM**

- 1) Families eligible for a child care guarantee – applying for or receiving Cash Public Assistance (PA), or receiving Child Care Assistance in lieu of PA or receiving transitional child care
- 2) Families eligible when funds are available
- 3) Families eligible when funds are available and the Department of Social Services has included them in its Child and Family Services Plan

**THIS APPLICATION IS USED TO APPLY ONLY FOR CHILD CARE ASSISTANCE AS A CATEGORY 2 OR 3 FAMILY**

If you are applying only for category 2 or 3 Child Care Assistance, you can use this shorter application. If you want to apply for other benefits such as Cash Public Assistance, Supplemental Nutrition Assistance Program (Food Stamps), Home Energy Assistance, Medicaid or other services, including category 1 Child Care Assistance, please ask for the *New York State Application for Certain Benefits and Services* (LDSS-2921).

By submitting the *Application for Child Care Assistance* instead of the *New York State Application for Certain Benefits and Services* (LDSS-2921), you are applying for Child Care Assistance only in categories 2 and 3, i.e., when funds are available. You are not applying in category 1, guaranteed child care.

**APPLYING FOR CHILD CARE ASSISTANCE**

- You can file an application the same day you receive it. If you are eligible, benefits may be provided back to the date you filed your application.
- You can file your application in person or by mail.
- We will accept your application if it contains, at a minimum, your name, address, and a signature. However, the application must be completed for us to determine your eligibility.

**HOW TO COMPLETE THE APPLICATION**

- COMPLETE each section not listed as optional.
- Please PRINT clearly.
- DO NOT PRINT IN THE SHADED AREAS.
- If you are applying as someone's representative, please print information about that person.

**WHERE TO TURN IN THE APPLICATION**

- The department of social services (DSS) of the county that you live in.

**Make sure you have been given copies of:**

- LDSS-4148A, *What You Should Know About Your Rights and Responsibilities*
- LDSS-4148B, *What You Should Know About Social Services Programs*
- LDSS-4148C, *What You Should Know if You Have an Emergency*

**These booklets contain important information about your rights and responsibilities.**

**IF YOU WANT TO WITHDRAW YOUR APPLICATION**

- Submit a signed, written request to the LDSS where you applied. You may reapply anytime.

**PAGE 1 OF THE APPLICATION****SECTION 1. APPLICANT'S INFORMATION**

- **NAME:** PRINT your legal name including your first name, middle initial, and last name. Include any aliases or maiden names.
- **PHONE NUMBER:** PRINT your phone number, including area code.
- **STREET ADDRESS:** PRINT the full street address, including apartment, city, state, and zip code, where you **now** live.
- **MAILING ADDRESS:** If you get your mail somewhere other than where you live, PRINT that address here.
- **FORMER ADDRESS:** If you have moved in the last year, PRINT your previous address(es). If you need more space, use section 10 on page 4 or attach additional sheets of paper as needed.
- **OTHER PHONE NUMBERS:** If you can be reached at another phone number, PRINT that phone number here.
- **MARITAL STATUS:** Check the box that describes your marital status **now**.
- **PRIMARY LANGUAGE:** What language is spoken most often in your household? Check the box that applies. If "other", PRINT the name of the language.
- **EMAIL:** If you can be reached by email, PRINT your email address.

**SECTION 2. HOUSEHOLD MEMBER INFORMATION****LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.**

- **NAME:** PRINT your name first, then the names of the other people who live with you. Include aliases and maiden names.
- **DATE OF BIRTH AND SEX:** PRINT each person's date of birth and sex.
- **RELATIONSHIP:** PRINT each person's relationship to you (for example: husband, wife, son, foster child, friend, boyfriend, girlfriend, roomer, boarder, etc.)

**FOR EVERY PERSON WHO IS APPLYING, COMPLETE THE FOLLOWING:**

Those considered applying are the children in need of care, and their parents (including stepparents), and siblings under the age of 18 in the household.

- **SOCIAL SECURITY NUMBER:** You may, but do not have to, list Social Security numbers. Social Security numbers may be used by federal, state, and local agencies to prevent duplication of services, prevent and detect fraud, and for federal reporting.
- **HISPANIC/LATINO:** Enter Y (Yes) or N (No) to indicate if each person applying is Hispanic or Latino or not.  
Providing ethnicity information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **RACE:** Enter Y (Yes) or N (No) for each of the race codes.  
I - Native American or Alaskan Native, A - Asian, B - Black or African American, P - Native Hawaiian or Pacific Islander, W - White.  
Providing race information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **CHILD CARE NEED:** Enter Y (Yes) or N (No) to tell us whether each child needs child care.

**FOR EVERY CHILD IN THE HOUSEHOLD WHO NEEDS CHILD CARE, ALSO ANSWER YES OR NO FOR THE FOLLOWING:**

- **CHILD IS U.S. CITIZEN/  
NATIONAL/HAS  
SATISFACTORY  
IMMIGRATION STATUS:** Enter Y (Yes) or N (No) to tell us whether each child who needs Child Care Assistance is a *United States citizen, United States national, or person with satisfactory immigration status*. The citizenship or immigration status of the child's parent or other household members will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.

**PAGE 1 OF THE APPLICATION Cont.**

- **CHILD WITH DISABILITY:** Enter Y (Yes) or N (No) to tell us whether each child has a disability or not. Generally speaking, a child with a disability means one of the following:
  - a child who is aged 3 through 9 years and experiencing developmental delays in one or more of the following areas: physical development, cognitive development, communication development, social or emotional development, or adaptive development; OR
  - a child who needs special education and related services due to one of the following: intellectual disabilities, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; OR
  - a child who is under the age of 3 years and is eligible for Early Intervention Services; OR
  - a child who is under the age of 13 years and who has a physical or mental impairment that substantially limits one or more major life activities.
- **BOTH PARENTS IN HOME:** Enter Y (Yes) or N (No) to tell us whether both parents of each child live in the household (for each child).

**PAGE 2 OF THE APPLICATION****SECTION 3. OTHER HOUSEHOLD INFORMATION**

The questions in the section apply to the applicant **AND** any other adult household members who are applying for Child Care Assistance with you—that means a spouse who lives with you, or an adult who lives with you and with whom you have at least one child in common.

**CHECK YES OR NO FOR EACH OF THE FOLLOWING:**

- **CHILD CARE FOR WORK:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care so that you can work.
- **CHILD CARE FOR OTHER REASON:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care for a reason other than work. If yes, what is the reason?
- **HOMELESS:** Check (✓) Yes or No to tell us whether your family has a fixed, regular, adequate place to stay at night.
- **MILITARY:** Check (✓) Yes or No to tell us whether a parent in the household is on active duty, serving full-time in the U.S. Military.
- **MILITARY RESERVE:** Check (✓) Yes or No to tell us whether a parent in the household is a member of a National Guard or Military Reserve unit.
- **CASH PUBLIC ASSISTANCE:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for Cash Public Assistance (PA).
- **OTHER CHILD CARE FUNDS:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for other help paying for child care.
- **PREGNANT:** Check (✓) Yes or No to tell us whether you and/or the second applicant are pregnant. If yes, what is the due date?

**SECTION 4. ABSENT PARENT INFORMATION**

- **PRINT** the names of children under the age of 21 for whom you are applying for child care assistance and whose parent does not live in your household.
- **PRINT** the names and addresses of the absent parents, such as a non-custodial parent.
- **CHECK (✓)** Yes or No to tell us whether the absent parent is available to provide child care. If they are not available, tell us the reason. (Such as, working, rehab, jail, court order etc.)

**SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION**

- **EMPLOYER INFORMATION:** PRINT the name, address, and phone number of where you work.
- **JOB INFORMATION:** Complete this section about your job: When did you start? If you are paid per hour, how much is your hourly wage? Does your schedule vary? Do you work overtime? What is your schedule?

**PAGE 2 OF THE APPLICATION Cont.****SECTION 6. OTHER EMPLOYMENT INFORMATION**

- **WHOSE JOB INFORMATION?** Indicate whether the employment information here is for the applicant's second job or the spouse's job (if they live in the household) or the other parent's job (if the other parent lives in the household).
- **EMPLOYER INFORMATION:** PRINT the name, address, and phone number of the job.
- **JOB INFORMATION:** Complete this section about the job: When did the job start? Does the schedule vary? Does the job require overtime? What is the schedule?

**PAGE 3 OF THE APPLICATION****SECTION 7. INCOME INFORMATION**

- Check (✓) Yes or No for yourself and anyone who lives with you for each kind of income.
- For each "Yes" answer, PRINT the dollar (\$) amount or value, how often it is received, and the name of the person who gets the income.
- All income for all household members must be reported on the application.

**SECTION 8. TRAVEL TIME BETWEEN CHILD CARE LOCATION AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY**

- **DROP-OFF TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from the child care provider to work, educational, or other approved activity after dropping the child off for care. Check yes or no to indicate whether public transportation is used.
- **PICK-UP TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from work, educational, or other approved activity to the child care provider for pick-up. Check yes or no to indicate whether public transportation is used.

**SECTION 9. CHILD CARE PROVIDER INFORMATION**

- PRINT the names and addresses of all Child Care Providers that you are currently using or plan to use for each child in child care.
- CHECK (✓) Yes or No to tell us whether the child(ren) are already enrolled with the provider.

**SECTION 10. CHILD'S SCHOOL INFORMATION**

- PRINT the names and addresses of all schools that your children attend for each child in child care.
- Indicate the hours of operation for the school program that the child attends. For example, 8:45 a.m. to 2:45 p.m. Do not include the hours the child attends an after-school child care program, even if that program is run in the school.

**PAGE 4 OF THE APPLICATION****SECTION 11. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW**

READ THIS SECTION CAREFULLY or have someone read it to you. This section contains important information about your rights and responsibilities relative to receiving assistance. By signing and submitting an application, you indicate that you understand and agree to the statements in this section.

**SECTION 12. CERTIFICATION AND SIGNATURE**

- **SIGNATURE:** SIGN your name and date. *If you have filled out the application for someone else, sign your own name.*
- **SECOND APPLICANT'S SIGNATURE:** If your husband or wife lives with you, both of you must sign the application. If an adult with whom you have at least one child in common lives with you, both of you must sign the application.

**NOTE:** The last page of the *Application for Child Care Assistance* is an application to register to vote. If you would like help filling out the voter registration application form, ask your eligibility examiner. Applying to register or declining to register to vote will not affect your eligibility for child care assistance or the amount of assistance that you will be given by this agency.



1580 Lake Street – Suite 200  
(607) 734-3941 Fax: (607) 737-7293  
[www.chemchildcare.com](http://www.chemchildcare.com): [info@chemchildcare.com](mailto:info@chemchildcare.com)

### **AUTHORIZATION FOR RELEASE OF INFORMATION**

The Chemung County Child Care Council provides services (Child Adult Care Food Program, Child Care Subsidy Program, Child Care Referrals, Child Care Program Quality Initiative and the Elmira Family Resource Center) for which your child(ren) and/or you are participating in.

I give permission for the Chemung County Child Care Council, Inc., Comprehensive Interdisciplinary Developmental Services (CIDS), Economic Opportunity Program – Birth – 5 Program, Elmira City School District, Elmira Heights School District, Horseheads School District, Spencer Van Etten School District, and the COMET system your child's day care to share the information collected. This includes child's name, child's date of birth, parent/guardian's name, parent/guardian address; parent/guardian phone number; parent/guardian place of employment; parent/guardian email; programs that my child(ren) or myself is participating in and my child(ren's) 's day care program.

**PURPOSE OF CONSENT:** Reports may be shared with grant funders and or the community. These reports **WILL NOT** include my child(ren's) or my identifying information. Only aggregate or group data will be shared.

I understand that by signing this authorization for and participating in any of the above programs is voluntary. This authorization will remain in effect until I revoke it. I understand that I have the right to revoke this authorization at any time by putting my request in writing to the Chemung County Child Care Council at the above address.

Child Name: \_\_\_\_\_

Child Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Parent/Guardian phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian place of employment: \_\_\_\_\_

By signing I attest to the fact that I am authorized to give this consent:

---

Parent Signature

Date

## CHILD CARE PROVIDER FORM

This Form **MUST** be completed by the PARENT/ GUARDIAN and CHILD CARE PROVIDER and returned to:

Chemung County Child Care Council Inc. 1580 Lake Street Suite 200, Elmira New York 14901

**TO BE COMPLETED BY PARENT /GUARDIAN:**

Parent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This is my **ONLY** provider: YES \_\_\_\_\_ NO \_\_\_\_\_

If no, list other provider \_\_\_\_\_

If more than one provider which provider will receive your parent fee \_\_\_\_\_

**TO BE COMPLETED BY PROVIDER:**

Providers Name: \_\_\_\_\_

Member of Household members 18 Years or OLDER: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**ADDRESS WHERE CARE IS GIVEN: (IF DIFFERENT FROM ABOVE)**

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Please list **ALL** children in your care below:

Childs Name	Sex M/F	Date of Birth	Start Date	Relationship to child

SIGNATURE OF PROVIDER \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Chemung County Child Care Council, Inc.  
1580 Lake Street – Suite 200  
(607) 734-3941 Fax: (607) 737-7293

**EMPLOYMENT VERIFICATION FORM**

I authorize my employer's payroll department or HR department to release the information requested on this form to the Chemung County Child Care Council.

**TO BE COMPLETED BY SUBSIDY APPLICANT/EMPLOYEE:**

Child Care Subsidy Applicant Parent Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer address: \_\_\_\_\_

**Employee Signature**

**Date**

**TO BE COMPLETED BY EMPLOYER:**

Employee's Name: \_\_\_\_\_ Position: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Leave Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Employees Weekly Work Schedule:

Week Day	Schedule
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

If the employee works a varied schedule please explain:

Hourly Rate of Pay: \$ \_\_\_\_\_ Is overtime required? \_\_\_\_\_ If so, how often? \_\_\_\_\_

If employment temporary? \_\_\_\_\_ If so what is the expected end date? \_\_\_\_\_

Print name/title of person completing this form: \_\_\_\_\_

Signature person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN TO THE CHILD CARE COUNCIL – Fax: 607-737-7293 or by mail to the address at the top of this form. THANK YOU.**

## **ACCESSING APPLICANT/RECIPIENT INFORMATIONAL BOOKS**

**If you are blind or seriously visually impaired and need this form or the three informational books in an alternative format (large print, audio, data CD, or Braille) contact your social services district. Large print, audio and data files are also available for download at <http://otda.ny.gov/> under "Forms". If you require another accommodation, please contact your local social services district office.**

This form and the three informational books are offered in multiple languages and are available online at <http://otda.ny.gov/> under "Forms". To view the books follow the link provided, click "Forms" and scroll down until you see the titles of the books. The book titles are listed below.

You may also pick up printed books at your local District Offices or have them mailed to you at any time upon request.

### **Book1: What You Should Know About Your Rights and Responsibilities (LDSS-4148A)**

This book informs you about your rights and responsibilities when applying for and receiving benefits.

### **Book 2: What You Should Know About Social Services Programs (LDSS-4148B)**

This book gives information about the different programs available - such as Temporary Assistance (TA), Supplemental Nutrition Assistance Program (SNAP) as well as Medical Assistance (MA) (which includes Medicaid, Family Health Plus, and Family Planning Benefit Program). It also provides information on other services including child care, foster care, child welfare, adoption and other available programs.

### **Book 3: What You Should Know If You Have an Emergency (LDSS-4148C)**

This book tells you what to do in case you have an emergency - such as needing immediate help with shelter, food, utility, fuel expenses, or medical attention.

You are entitled to information about your rights and responsibilities as an applicant or recipient of services and benefit programs.

**The valuable information in these books can help you in applying for and receiving benefits. It is very important that you read these books and understand the information. If you have any questions after reading the books, or need help accessing the information, you may contact your district office for assistance.**

Hearing impaired callers can use the New York State Relay service by dialing 711 or  
TTY phone numbers of 1-800-421-1220 or 1-800-662-1220