Use this area for additional information:

9

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

SIGNATURE _____ DATE _____

10

For Agency Use Only:

Eligibility Determined by _____ Date _____

Eligibility Approved by _____ Date _____

Child Care Authorization Period: From _____ To_____

Comments:

MCDHS Child Care Application
5/7/2013 APPROVED OCFS

Maggie Brooks
County Executive

MONROE COUNTY DEPARTMENT OF HUMAN SERVICES

APPLICATION FOR CHILD CARE SERVICES

Application Date _____ Worker: **DC** _____ Case Type: **40** District: **A26** Case Number: **S**_____ Service Trans. Type: ☐ NewAp ☐ Recert

Case Name _____ Disposition: Denied ☐ Reason Code ☐☐☐ WD ☐ ***Shaded Areas for Office Use Only***

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Name _____ Telephone Number _____

Residence Address _____ City _____, NY Zip Code _____

Mailing Address (if different) _____ City_____, NY Zip Code _____

Former Address _____ Another phone number 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) *Optional*	Sex M or F	Does this person need child care? Yes	No	Relation-ship to you	Hispanic or Latino? Yes	No	Enter Y (Yes) or N (No) for each race* I	A	B	P	W
1									SELF							
2																
3																
4																
5																
6																
7																
8																

2

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

Please list maiden or other names by which you or anyone in your household has been known	First Name	M I	Last Name

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Are you currently receiving or applying for Temporary Assistance? No ❒ Yes ❒

Are you currently receiving or applying for other Child Care funding? No ❒ Yes ❒ 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 in any information you currently have about that person's absent parent.

Name of Person Under 21	Absent Parent's Name and Address	Absent Parent's Date of Birth *Optional*	Absent Parent's Social Security Number *Optional*
	4		

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: _____ Pay Rate per Hour: _____ Hours per Week:_____

Is this a job with rotating shifts? Yes ☐ No ☐ Are you required to work overtime? Yes ❒ No ❒ 5

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 someone who lives with you receives money from:	Yes	No	Gross Amount	Period (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)					6
Disability Benefits (NYS, VA, Private)					
Rental/ Boarders/Lodgers Income (received)					
Other (please specify)					
Office Use Only					

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

READ THE IMPORTANT INFORMATION BELOW AND SIGN AT THE BOTTOM 7

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

CHANGES – I agree to inform the agency **immediately** 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 Monroe County Department of Human Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for ChildCare Services. 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 CHILDCARE SERVICES – I swear and affirm under penalties of perjury that all children who are seeking childcare services_____ are

(list the names of all the children who need child care services)

United States (U.S.) citizens or nationals or persons with satisfactory immigration status. I understand that information about my household 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 information about household members including myself who are applying for or receiving ChildCare Services is restricted to persons and organizations directly connected with the verification of immigration status and the administration or enforcement of provisions of the ChildCare Services program.

CERTIFICATION: **I swear and/or affirm under the penalties of perjury that the information I have given or will give to the Monroe County Department of Human Services is correct.**

APPLICANT/REPRESENTATIVE SIGNATURE	DATE SIGNED	HUSBAND/WIFE SIGNATURE	DATE SIGNED

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Please return to the address below:

Phone: ***Fax:***

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