



Department of Human Services • Division of Family Development

New Jersey Child Care Assistance Program  
Application

Submit this application along with any required documentation to your Child Care Resource and Referral (CCR&R) agency.  
(See the Documentation Checklist at the end of this application for required documentation)

Please type or print neatly using black ink only. Asterisk (\*) indicates a required field. Social Security Number is optional for applicant/co-applicant. Answer all questions to the best of your knowledge.

If you have questions, need assistance filling out the application or to request a DFD, contact your local CCR&R. Visit [www.ChildCareNJ.gov/CCRA](http://www.ChildCareNJ.gov/CCRA) or call 800-332-9227.

**A. APPLICANT & CO-APPLICANT INFORMATION**

APPLICANT	Applicant's Last Name	First Name	M.I.	
	Social Security Number: - -	Date of Birth (MM/DD/YY:YY) / /		
	Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male	Are you Head of Household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Relationship to the Child*:	Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	The following information is for statistical purposes. Check any that apply: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____			
If the primary language spoken in your home is not English, what language do you speak?				

CO-APPLICANT	If applicable, enter Applicant information (must live same household)		
	CoApplicant's Last Name	First Name	M.I.
	Social Security Number: - -	Date of Birth (MM/DD/YY:YY) / /	
	Gender at Birth*: <input type="checkbox"/> Female <input type="checkbox"/> Male	Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The following information is for statistical purposes. Check any that apply: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____			

FAMILY SIZE	Total number of applicants (including applicant, if applicable) _____
	Total number of dependent children in family _____ Total number of dependent adults in family _____
<i>Dependent children are all children under the age of 18 in the household. Dependent adults are those who are not legally responsible for the children but who are dependent upon the applicant/co-applicant. Dependency must be verified via the family's most current income tax form.</i>	

**B. ADDRESS**

Home Address	Apt.#:	
City:	State:	Zip Code
School District	Email:	
Cell Phone Number:	Home Phone Number:	
I am experiencing homelessness. I lack a fixed, regular and adequate night time residence. <input type="checkbox"/> Yes <input type="checkbox"/> No: If you are experiencing homelessness, you may be given more time to submit required documentation. See the Documentation Checklist.		

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## C. HOUSEHOLD INFORMATION

Is the applicant/co-applicant currently (select all that apply):

- Yes  No Serving fulltime and in active duty in the military?  
 Yes  No Serving in the National Guard or military reserves?  
 Yes  No Receiving, or in the past received, TANF benefits? If yes, please provide TANF ID#: \_\_\_\_\_  
 Yes  No Receiving, or in the past received, SNAP benefits? If yes, please provide SNAP ID#: \_\_\_\_\_  
 Yes  No Do you currently have health insurance benefits?

## D. INCOME Attach documentation of one month of current income. See the Documentation Checklist for guidance.

Do your family's assets exceed \$1,000,000.00?  Yes  No

APPLICANT			COAPPLICANT		
Check all sources of income that apply:	Amount	Frequency	Check all sources of income that apply:	Amount	Frequency
<input type="checkbox"/> Wages/salary (from all employers)			<input type="checkbox"/> Wages/salary (from all employers)		
<input type="checkbox"/> Wages/salary (self-employment)			<input type="checkbox"/> Wages/salary (self-employment)		
<input type="checkbox"/> Pension/retirement			<input type="checkbox"/> Pension/retirement		
<input type="checkbox"/> Supplemental Security Income (SSI)			<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Social Security benefits			<input type="checkbox"/> Social Security benefits		
<input type="checkbox"/> Unemployment/worker's compensation			<input type="checkbox"/> Unemployment/worker's compensation		
<input type="checkbox"/> Veterans/military benefits			<input type="checkbox"/> Veterans/military benefits		
<input type="checkbox"/> Disability benefits			<input type="checkbox"/> Disability benefits		
<input type="checkbox"/> Child support**:			<input type="checkbox"/> Child support**:		
<input type="checkbox"/> Alimony**:			<input type="checkbox"/> Alimony**:		
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Other: _____		

\*\*Enter the amount of child support and/or alimony you receive, regardless of whether it is court ordered or not.

## E. WORK/SCHOOL/TRAINING

Is the applicant incapacitated and unable to work?  Yes  No (If Yes, you will need to complete the CC-10 Statement of Incapacity Form)

APPLICANT	Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you in a training program? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Start Date (MM/DD/YYYY): / /	Start Date (MM/DD/YYYY): / /	Start Date (MM/DD/YYYY): / /
	<input type="checkbox"/> Full Time Hours per week: _____	Classroom credits/hours: _____	Hours per week: _____
	<input type="checkbox"/> Part Time Hours per week: _____		
	Employer Name or School/Training Site: _____		Phone: _____
	Address: _____		
	City: _____	State: _____	Zip Code: _____
	Second Employer Name or School/Training Site (if applicable): _____		Phone: _____
	Address: _____		
	City: _____	State: _____	Zip Code: _____

If there are additional employer(s), school(s), training site(s), please attach documentation.

CO-APPLICANT	Is the co-applicant incapacitated and unable to work? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, you will need to complete the CC-10 Statement of Incapacity Form)	Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you in a training program? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Start Date (MM/DD/YYYY): / /	Start Date (MM/DD/YYYY): / /	Start Date (MM/DD/YYYY): / /
		<input type="checkbox"/> Full Time Hours per week: _____	Classroom credits/hours: _____	Hours per week: _____
		<input type="checkbox"/> Part Time Hours per week: _____		
		Employer Name or School/Training Site: _____		Phone: _____
		Address: _____		
		City: _____	State: _____	Zip Code: _____
		Second Employer Name or School/Training Site (if applicable): _____		Phone: _____
		Address: _____		
		City: _____	State: _____	Zip Code: _____

If there are additional employer(s), school(s), training site(s), please attach documentation.

# New Jersey Child Care Assistance Program Application

## F. CHILD(REN) INFORMATION

Include each child needing child care assistance. Use the Additional Child(ren) Form if needed.

CHILD #1	Last Name*:		First Name*:			M.I.:	
	Social Security Number*:    -    -		Date of Birth (MM/DD/YYYY)*:    /    /				
	Gender at Birth*: <b>Female</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/>		Is the child Hispanic/Latin? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
	The following information is for statistical purposes. Check any that apply: <input type="checkbox"/> <b>White/Caucasian</b> <input type="checkbox"/> <b>Native American/Alaskan Native</b> <input type="checkbox"/> <b>Asian</b> <input type="checkbox"/> <b>Black/African American</b> <input type="checkbox"/> <b>Native Hawaiian/Pacific Islander</b> <input type="checkbox"/> <b>Other:</b> _____						
	Is the child a U.S. citizen or a lawful permanent resident? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i>						
	Does the child have a documented disability? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>						
	Name of childcare provider (if selected):						
	Care is needed <input type="checkbox"/> <b>Sunday</b>		<input type="checkbox"/> <b>Monday</b>	<input type="checkbox"/> <b>Tuesday</b>	<input type="checkbox"/> <b>Wednesday</b>	<input type="checkbox"/> <b>Thursday</b>	<input type="checkbox"/> <b>Friday</b>
Start Time:							
End Time:							
CHILD #2	Last Name*:		First Name*:			M.I.:	
	Social Security Number*:    -    -		Date of Birth (MM/DD/YYYY)*:    /    /				
	Gender at Birth*: <b>Female</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/>		Is the child Hispanic/Latin? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
	The following information is for statistical purposes. Check any that apply: <input type="checkbox"/> <b>White/Caucasian</b> <input type="checkbox"/> <b>Native American/Alaskan Native</b> <input type="checkbox"/> <b>Asian</b> <input type="checkbox"/> <b>Black/African American</b> <input type="checkbox"/> <b>Native Hawaiian/Pacific Islander</b> <input type="checkbox"/> <b>Other:</b> _____						
	Is the child a U.S. citizen or a lawful permanent resident? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i>						
	Does the child have a documented disability? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>						
	Name of childcare provider (if selected):						
	Care is needed <input type="checkbox"/> <b>SUN</b>		<input type="checkbox"/> <b>MON</b>	<input type="checkbox"/> <b>TUES</b>	<input type="checkbox"/> <b>WED</b>	<input type="checkbox"/> <b>THURS</b>	<input type="checkbox"/> <b>FRI</b>
Start Time							
End Time							
CHILD #3	Last Name*:		First Name*:			M.I.:	
	Social Security Number*:    -    -		Date of Birth (MM/DD/YYYY)*:    /    /				
	Gender at Birth*: <b>Female</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/>		Is the child Hispanic/Latin? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
	The following information is for statistical purposes. Check any that apply: <input type="checkbox"/> <b>White/Caucasian</b> <input type="checkbox"/> <b>Native American/Alaskan Native</b> <input type="checkbox"/> <b>Asian</b> <input type="checkbox"/> <b>Black/African American</b> <input type="checkbox"/> <b>Native Hawaiian/Pacific Islander</b> <input type="checkbox"/> <b>Other:</b> _____						
	Is the child a U.S. citizen or a lawful permanent resident? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i>						
	Does the child have a documented disability? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>						
	Name of childcare provider (if selected):						
	Care is needed <input type="checkbox"/> <b>SUN</b>		<input type="checkbox"/> <b>MON</b>	<input type="checkbox"/> <b>TUES</b>	<input type="checkbox"/> <b>WED</b>	<input type="checkbox"/> <b>THURS</b>	<input type="checkbox"/> <b>FRI</b>
Start Time							
End Time							
CHILD #4	Last Name*:		First Name*:			M.I.:	
	Social Security Number*:    -    -		Date of Birth (MM/DD/YYYY)*:    /    /				
	Gender at Birth*: <b>Female</b> <input type="checkbox"/> <b>Male</b> <input type="checkbox"/>		Is the child Hispanic/Latin? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>				
	The following information is for statistical purposes. Check any that apply: <input type="checkbox"/> <b>White/Caucasian</b> <input type="checkbox"/> <b>Native American/Alaskan Native</b> <input type="checkbox"/> <b>Asian</b> <input type="checkbox"/> <b>Black/African American</b> <input type="checkbox"/> <b>Native Hawaiian/Pacific Islander</b> <input type="checkbox"/> <b>Other:</b> _____						
	Is the child a U.S. citizen or a lawful permanent resident? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i>						
	Does the child have a documented disability? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>						
	Name of childcare provider (if selected):						
	Care is needed <input type="checkbox"/> <b>SUN</b>		<input type="checkbox"/> <b>MON</b>	<input type="checkbox"/> <b>TUES</b>	<input type="checkbox"/> <b>WED</b>	<input type="checkbox"/> <b>THURS</b>	<input type="checkbox"/> <b>FRI</b>
Start Time							
End Time							

# New Jersey Child Care Assistance Program Application

## G. IMPORTANT COMMUNITY RESOURCES

### To make a complaint or report a health and safety violation, contact:

Child Care Centers Contact the Dept. of Children Families, Office of Licensin; <a href="http://njccis.com/njccis/public/complaint">njccis.com/njccis/public/complaint</a> 1-877-667-9845	Registered Family Child Care and HomeBased Providers Contact your CCR&R <a href="http://www.ChildCareNJ.gov/Parents/C">www.ChildCareNJ.gov/Parents/C</a> 1-800-332-9227	Summer Youth Camps Contact the Dept. of Health Public Health and Food Prote Program 1-609-826-4935 ext. 27	Child Care Resource and Referral (CCR&R) Agencies Contact the Office of Child Care <a href="http://www.ChildCareNJ.gov">www.ChildCareNJ.gov</a> <a href="mailto:DFD.ChildCare@dhs.nj.gov">DFD.ChildCare@dhs.nj.gov</a> 1-6095882163
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Complaints may be made anonymously.

### To report abuse and neglect, contact:

All reports of child abuse and neglect, including those occurring in institutional settings such as child care centers, schools, foster home treatment centers, must be reported to the State Central Registry Child Abuse Hotline, [www.nj.gov/centralregistry](http://www.nj.gov/centralregistry). This is a toll-free, 24-hour, seven-days-a-week hotline.  
1-877 NJ ABUSE (652-2873) • TTY 1-800-835-5510

The Division of Family Development (DFD) provides leadership and supervision to the public and non-profit agencies that deliver financial and critical safety net services to individuals and families in New Jersey. Along with the programs within DFD are [www.nj.gov/humanservices/dfd/programs](http://www.nj.gov/humanservices/dfd/programs) First New Jersey/Temporary Assistance for Needy Families (WFN/TANF) and [www.nj.gov/humanservices/dfd/programs](http://www.nj.gov/humanservices/dfd/programs) General Assistance (WFN/JCAG). The two programs that make up the state's cash assistance program NJ SNAP and Child Support services. For more information on these programs, visit the DFD website at [www.nj.gov/humanservices/dfd](http://www.nj.gov/humanservices/dfd)

If you are deaf, hard of hearing, deaf-blind and/or speech-disabled use 7-1-1 NJ Relay.

NJ 2-1-1 • [www.NJ211.com](http://www.NJ211.com) • Dial 2-1-1

NJ 211 provides live assistance 24 hours a day, every day of the year. Services are free, confidential and multilingual with referrals to community programs and services like – food, utilities, affordable housing, rental assistance, mental and physical health, substance use needs, legal assistance, Kinship Navigator Program, transportation, disability services and so much more.

NJ Helps • [www.NJHelps.gov](http://www.NJHelps.gov)

NJ Helps is an online screening tool that will help you see if you are eligible for food assistance (SNAP), cash assistance (WFN/JCAG) and health insurance (NJ FamilyCare/Medicaid). From there you can apply for services or learn about additional resources.

Connecting NJ • [www.nj.gov/connectingnj](http://www.nj.gov/connectingnj)

Connecting NJ is a referral process for obstetrical and prenatal care providers, community agencies, and families linking you to NJ FamilyCare Community Doula, Home Visitation Programs and more.

Early Intervention Services • [www.nj.gov/health/fhs/eis/for-Birth-to-Age-Three](http://www.nj.gov/health/fhs/eis/for-Birth-to-Age-Three) • Birth to Age Three: 1-888-653-4463 • Over Age Three: 1-800-322-8174

The New Jersey Early Intervention System (NJEIS), under the Division of Family Health Services, for infants and toddlers, birth to age three, with developmental delays or disabilities, and their families. New Jersey Early Intervention System Project Child Find assists families of preschoolers through 5 concerned about their child's development.

Earned Income Tax Credit (EITC) • <https://eitc.federal.gov> • Federal: 1-800-929-1040 • State: 1-888-895-8179

EITC is a federal and state tax credit benefit for individuals and families who earn low-to moderate incomes in NJ.

Family Help Line • 1-800-KIDS (1-800-843-5437) 24 hours a day, 7 days a week

If you're feeling stressed out, call the Family Help Line and work through your frustrations before a crisis occurs. You'll speak to sensitive volunteers of Parents Anonymous who provide empathic listening about parenting and refer you to resources in your community.

Low Income Home Energy Assistance (LIHEAP) • 1-800-510-3102

The Home Energy Assistance Program helps very low-income residents with their heating and cooling bills, and makes provisions for furnace system services and emergency fuel assistance within the Home Energy Assistance Program.

NJ Parent Link • [www.njparentlink.nj.gov](http://www.njparentlink.nj.gov) • 609-633-1363

The focus of NJ Parent Link is to meet the information and resource needs of expectant parents, families with young children (newborn to entering kindergarten) and professional stakeholders vested in the health and well-being of New Jersey's children and families. Parent resources for families with older children, school aged to young adulthood, are also available.

Social Service for the Homeless (SSH) • [www.nj.gov/humanservices/dfd/programs/ssh](http://www.nj.gov/humanservices/dfd/programs/ssh)

Provides assistance to New Jersey residents who are at risk of homelessness, but are ineligible for Temporary Assistance for Needy Families or Supplemental Security Income.

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## H. 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) submitting false information about my (our) situation, failing to give the necessary information or causing others to provide false information is against the law and subject me (us) to criminal and civil penalties as well as the denial and/or repayment of child care services and child care assistance.

I (we) also understand that:

1. Acceptance of child care financial assistance is not for my (our) personal use. Federal, state and local public funds, such as this child care assistance, must and will be used as payment for costs that are directly associated with the care rendered by a child care provider.
2. It is a violation of program rules to provide false or misleading information for the purpose of obtaining financial assistance for child care services, including but not limited to, information that affects eligibility. For example:
  - x Failing to accurately report all sources of my (our) income, such as, but not limited to, not reporting multiple sources of income, or an increase or decrease in wage/salary, child support payments, self-employment wages, unemployment benefits or any other source of income.
  - x Failing to accurately report the amount of my income. Examples include, but are not limited to, reporting the accurate amount(s) of income from employment, child support, alimony, income from a second job or rent from property ownership. Changing or altering pay stub information is unlawful and will not be tolerated.
  - x Failing to accurately report the number of household members, for example, failing to report a spouse or another parent/guardian living in the household.
3. This information is being given in connection with federal, state and local public funds and will be used through 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 social security numbers of the applicant is voluntary. CCR&R staff may use my (our) names and social security information with federal and state agencies and other sources for identification purposes. However, copies of both certificates and Social Security or Permanent Resident Card (Green Card), are required for all children for whom child care assistance is requested.
5. In order to verify my (our) income and service need, a CCR&R representative may need to contact my (our) employer(s). I hereby authorize my (our) employer(s) to release information regarding my (our) income, pay scale, hours and work to the CCR&R representative.
6. The state has set maximum rates that it pays for child care assistance. These rates vary depending on several factors including the age of the child and the type of provider. This assistance may cover your entire cost for care, however, if you pay all charge different amounts, if your provider charges more than what the state covers, I (we) understand that I (we) are responsible for paying the difference.
7. I (we) are responsible for the copayment (copay) fee which is calculated by the CCR&R based on family size, my annual income, hours of care needed and the age of my (our) children during the period of eligibility. (Copays are assessed through June 30, 2024, or until further notice. The applicant/applicant will be responsible for copays when they are reinstated.)
8. Should there be a change in the utilization of child care services, the CCR&R retains the right to change my Parent/Applicant and Provider Agreement (PAPA) to reflect the actual hours of care needed.
9. I (we) must notify the CCR&R in person, by mail, phone, email or by notification of Change Form, immediately or no later than 10 days from the occurrence, of any changes that may affect child care eligibility. This includes needing care, relocation out of county or state, change of provider or type of care and/or if any income changes that affect the State Median Income (Income Eligibility Chart available at [www.ChildCareNJ.gov/Parents/CCAP](http://www.ChildCareNJ.gov/Parents/CCAP))
10. The assigned CCR&R is authorized to issue payment to child care provider per child for the specified period of eligibility.

Continued on next page

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## H. CERTIFICATION CONTINUED

Read carefully before signing.

11. Authorization for child care assistance is for 12 months, unless you request a shorter period of time.
12. Payment is issued directly to providers on a biweekly basis
13. If found eligible the authorized/executed PAPA constitutes the full terms of child care assistance
14. The applicant/co-applicant is responsible to comply with program rules and utilize approved time and attendance system. Failing to properly utilize the approved time and attendance system (which verifies child attendance and generates payment to the child care provider) may result in disqualification from the time and attendance system is NOT being utilized through June 30, 2024 further notice.)
15. If my (our) application for child care services is denied by the CCR&R, or my (our) child care is adversely impacted as a result of an action by the CCR&R, then I (we) have the right to request a case review within 10 days of denial/adverse action through the CCR&R. If I (we) disagree with the CCR&R's case review decision, then I (we) may request an administrative review from the NJ Division of Family Development within 90 days of the denial/adverse action. The timely request for an administrative review must be made to: Bureau of Administrative Review and Appeals, Division of Family Development, P.O. Box 716, Trenton, NJ 08625 or by calling 1-800-9297774.
16. That I should keep a copy of this application for my records.
17. I (we) have read this Certification and understand that failure to comply with the terms may result in the denial of application for child care assistance benefits or the loss of these benefits

Applicant Signature: \_\_\_\_\_ Date\*: \_\_\_\_\_

CoApplicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

#### APPLICATION STATUS

**Complete** (all supporting documentation attached)     **Incomplete**

#### INCOME/FAMILY SIZE

Gross Annual Household Income:	Family Size:	
Family's Total Assessed Copay:	Amount:	Frequency:

#### ELIGIBILITY RESULTS

<input type="checkbox"/> <b>Approved (Eligible)</b>	Eligibility Start Date (MM/DD/YYYY):    /    /	Eligibility End Date (MM/DD/YYYY):    /    /
<input type="checkbox"/> <b>Pending Documentation</b>	Date Notice Sent (MM/DD/YYYY):    /    /	Deadline to Submit (MM/DD/YYYY):    /    /
<input type="checkbox"/> <b>Denied (Ineligible)</b>	Reason:	

Assistance Type:  **CCAP**     **DOE Wrap**     **Kinship**     **CPS**     **PACC**     **WFNJ**     **TCC**     **CCVC**

#### CCR&R INFO

CCR&R Authorizing Printed Name:

CCR&R Authorizing Signature:	Certification Date (MM/DD/YYYY):    /    /
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# New Jersey Child Care Assistance Program Application

## Additional Child( ren) Information Include each child needing child care assistance

Applicant Name	CoApplicant Name:
Social Security Number: - -	Social Security Number: - -
Date of Birth (MM/DD/YYYY) / /	Date of Birth (MM/DD/YYYY): / /

<b>CHILD #5</b>	Last Name*:	First Name*:	M.I.:
	Social Security Number*: - -	Date of Birth (MM/DD/YYYY)*: / /	
	Gender at Birth* <input type="checkbox"/> Female <input type="checkbox"/> Male	Is the child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	The following information is for statistical purposes. Check any that apply: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____		
	Is the child a U.S. citizen or a lawful permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i>		
	Does the child have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>		
	Name of child care provider (if selected):		
	Care is needed <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT	Start Time	End Time

<b>CHILD #6</b>	Last Name*:	First Name*:	M.I.:
	Social Security Number*: - -	Date of Birth (MM/DD/YYYY)*: / /	
	Gender at Birth* <input type="checkbox"/> Female <input type="checkbox"/> Male	Is the child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	The following information is for statistical purposes. Check any that apply: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____		
	Is the child a U.S. citizen or a lawful permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i>		
	Does the child have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>		
	Name of child care provider (if selected):		
	Care is needed <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT	Start Time	End Time

<b>CHILD #7</b>	Last Name*:	First Name*:	M.I.:
	Social Security Number*: - -	Date of Birth (MM/DD/YYYY)*: / /	
	Gender at Birth* <input type="checkbox"/> Female <input type="checkbox"/> Male	Is the child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	The following information is for statistical purposes. Check any that apply: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____		
	Is the child a U.S. citizen or a lawful permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i>		
	Does the child have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>		
	Name of child care provider (if selected):		
	Care is needed <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT	Start Time	End Time

<b>CHILD #8</b>	Last Name*:	First Name*:	M.I.:
	Social Security Number*: - -	Date of Birth (MM/DD/YYYY)*: / /	
	Gender at Birth* <input type="checkbox"/> Female <input type="checkbox"/> Male	Is the child Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	The following information is for statistical purposes. Check any that apply: <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other: _____		
	Is the child a U.S. citizen or a lawful permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, attach with your application a copy of a U.S. birth certificate or Social Security card/Permanent Resident Card (Green Card))</i>		
	Does the child have a documented disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, you will need to complete the CC-216 Special Needs Certification Form)</i>		
	Name of child care provider (if selected):		
	Care is needed <input type="checkbox"/> SUN <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT	Start Time	End Time



# New Jersey Child Care Assistance Program Application Documentation Checklist

Below is a general list of required documents for each section of the Child Care Assistance Program Application that must be submitted for initial eligibility consideration. Additional documents may also be required based on program requirements. For questions, need assistance filling out the application or to request any DFD forms, contact your local CSR. V [www.ChildCareNJ.gov/CORA](http://www.ChildCareNJ.gov/CORA) list by county or call 800-332-9227.

## A. APPLICANT & APPLICANT IDENTIFICATION

For each applicant/applicant, submit one of the documents from Column A if you are unable to provide Column A, you may submit two documents from Column B

COLUMN A (PRIMARY DOCUMENTATION) Submit one:	OR	COLUMN B (SECONDARY DOCUMENTATION) Submit two:
<input type="checkbox"/> Driver's license		<input type="checkbox"/> High school diploma, GED, or college diploma
<input type="checkbox"/> Government issued Photo ID card		<input type="checkbox"/> Health insurance card or prescription card
<input type="checkbox"/> Military photo ID card		<input type="checkbox"/> Printed paystub
<input type="checkbox"/> Employer issued photo ID card		<input type="checkbox"/> Birth certificate (applicant/applicant or child's)
<input type="checkbox"/> School photo ID card		<input type="checkbox"/> Social Security card
<input type="checkbox"/> Passport		
<input type="checkbox"/> Permanent Resident Card (Green Card)		

## B. ADDRESS

For each applicant/applicant, submit one of the following to verify residence:

- |  |  |
|--|--|
| <input type="checkbox"/> Current rental/lease agreement or mortgage bill             | <input type="checkbox"/> Home utility bills  |
| <input type="checkbox"/> Court decree (if applicable)                                | <input type="checkbox"/> Medical documentation   |
| <input type="checkbox"/> School records showing residence                            | <input type="checkbox"/> Vehicle registration or NJ driver's license   |
| <input type="checkbox"/> Custody agreement or other court documents for guardianship | <input type="checkbox"/> Most recent filed tax forms showing dependency<br><i>(For dependents 18+, must provide filed IRS 1040 Form)</i> |

If you are experiencing homelessness as defined by any of the following situations, you may have up to six months to submit the required paperwork. Situations include:

- x Children and youth who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are staying in hotels, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelter; or are abandoned in hospitals;
- x Children and youth who have a primary nighttime residence that is a public or private place not designed as a regular sleeping accommodation for human beings [within the meaning of section 103(a)(2)(C)];
- x Children and youth who are living in cars, parks, public spaces, abandoned buildings, bus or train stations, or similar settings; and
- x Migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify for purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii) therein.

## C. HOUSEHOLD INFORMATION

To prove relationship, any of following must be submitted in need of child care services:

- Child's birth certificate
- Court decree (if applicable)
- Custody agreement or other court documents for guardianship

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

- Birth certificate
- Court decree (if applicable)
- Custody agreement or other court documents for guardianship
- Most recent filed tax forms showing dependency *(For dependents 18+, must provide filed IRS 1040 Form)*

If the dependent is over the age of 18, submit one of the following documents to verify family size:

- Most recent filed tax forms showing dependency (copy of filed IRS 1040 form)
- Health insurance policy showing coverage for the dependent
- Records of school enrollment

# New Jersey Child Care Assistance Program Application Documentation Checklist

## D. INCOME

For each applicant/co-applicant, submit all that apply to verify income:

<p><b>INCOME FROM EMPLOYMENT:</b></p> <p><input type="checkbox"/> Must provide one month of current pay stubs (e.g. 4 weekly, biweekly, etc.); and/or</p> <p><input type="checkbox"/> CC188 Verification of Employment Form (to verify work hours when not reflected in the pay stubs or to verify income when the applicant/co-applicant does not receive pay stubs.)</p> <p><b>NEW EMPLOYMENT ONLY (if pay stubs are not available):</b></p> <p><input type="checkbox"/> Employer letter on company letterhead (signed and dated) include rate of pay, hours worked per week, employer contact information and first date of employment; or</p> <p><input type="checkbox"/> CC188 Verification of Employment Form (approved for CCAP, applicant/co-applicant will be required to follow up with pay stubs if received.)</p> <p><b>SELFEMPLOYED ONLY:</b></p> <p><input type="checkbox"/> Submit current IRS tax transcript of 1040 along with Schedule C, "Profit or Loss from Business"</p> <p><b>UNABLE TO WORK or INCAPACITATED:</b></p> <p><input type="checkbox"/> CC40 Statement of Incapacity Form</p>	<p><b>OTHER INCOME OR BENEFITS TO FAMILY UNIT:</b></p> <p>Documentation must show the rate and frequency of the income received from the sources below:</p> <p><input type="checkbox"/> Pension/retirement documentation</p> <p><input type="checkbox"/> Social Security award letter</p> <p><input type="checkbox"/> Unemployment and/or worker's compensation documentation</p> <p><input type="checkbox"/> Alimony/spousal support</p> <p><input type="checkbox"/> Veteran's/military benefits</p> <p><input type="checkbox"/> Disability benefits</p> <p><input type="checkbox"/> Child support (minimum 6 months of payment/disbursement history)</p> <p><input type="checkbox"/> Any other income required for federal/state tax reporting purposes</p> <p><i>(Note: If child support or alimony is not court ordered, write the amount you receive monthly in Section C of the application)</i></p>
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## E. WORK/SCHOOL/TRAINING

For each applicant/co-applicant, submit one of the following:

- WORK** See Section D, "Income from Employment" for acceptable documents to verify hours of work
- SCHOOL** Course registration or transcript from the school or a Verification of School or Training Form if a registration or transcript is not yet available
- TRAINING PROGRAM** Program registration or transcript from the training program or a Verification of School or Training Form if a registration or transcript is not yet available

## F. CHILD(REN) INFORMATION (for child citizenship status purposes only)

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)
- Refugee Travel Document (Form I-571)
- Electronic version of U.S. Customs and Border Protection Form I-94 available on the CBP One Mobile App: <https://i94.cbp.dhs.gov/I94/#home>