

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
APPLICATION FOR CHILD CARE ASSISTANCE

This application is for you to apply for non-guaranteed Child Care Assistance only. If you want to apply for other state benefits, including guaranteed Child Care Assistance, please use the form, [New York State Application for Certain Benefits and Services, LDSS-2921](#). You can talk to your local department of social services if you have any questions or need help.

Please answer all questions that do not say optional. Please write clearly. Please do not write in the shaded areas.

Tell us about yourself.

Full name (Please include first and last name.)					Aliases:	
Street Address Street:	Apt. No./Fl.:	City:	State:	County:	Zip Code:	
Mailing Address (if different) Street:	Apt. No./Fl.:	City:	State:	County:	Zip Code:	
Phone Number () -			Phone Number Type			
			<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone/Landline <input type="checkbox"/> Work Phone			
Email (<i>This is optional.</i>)						
How would you like to be contacted? (<i>This is optional.</i>)						
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other (Please tell us.):						
Primary Language						
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Please tell us.):						
Marital Status						
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed						

Do you or any adult(s) applying with you receive any of the following benefits?

- | | | |
|---|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Home Energy Assistance Program (HEAP) | <input type="checkbox"/> Head Start/Early Head Start |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> Women Infants and Children Program (WIC) | <input type="checkbox"/> Cash Assistance from TANF |
| <input type="checkbox"/> Housing Vouchers or Assistance | <input type="checkbox"/> Other federal assistance programs such as Supplemental Security Income (SSI) | <input type="checkbox"/> None of these. |

Tell us about your household's circumstances.

Do any of these apply to you or any adult(s) applying with you?

- **Homeless?** (no fixed, regular and adequate place to stay at night) Yes No
- A parent is on active duty (serving full time) in the **U.S. Military?** Yes No
- A parent is a member of the **National Guard** or **Military Reserve Unit?** Yes No
- Receiving or applying for other child care funding? Yes No
 - If yes, please give us the agency name: _____
- Reason(s) child care is needed: _____

Tell us about everyone in your home.

LN	First Name and Last Name	Date of Birth (mm-dd-yyyy)	Sex (M/F/X)	Relationship To You	Gender Identity This is optional. (Please describe.)	Social Security Number (SSN) <i>Optional</i>	Enter Y (Yes) or N (No) for each race* (Optional)						FOR EACH CHILD in need of child care, ↓ (Check Yes or No)			
							H	I	A	B	P	W	Does this child need child care? (Check Yes or No)	Is the child a U.S. citizen/ national or has satisfactory immigration status?	Does child have special needs?	Do both parents live in the home?
1		/ /		SELF								<input type="checkbox"/> Yes <input type="checkbox"/> 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	
2		/ /										<input type="checkbox"/> Yes <input type="checkbox"/> 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	
3		/ /										<input type="checkbox"/> Yes <input type="checkbox"/> 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	
4		/ /										<input type="checkbox"/> Yes <input type="checkbox"/> 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	
5		/ /										<input type="checkbox"/> Yes <input type="checkbox"/> 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	
6		/ /										<input type="checkbox"/> Yes <input type="checkbox"/> 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	
7		/ /										<input type="checkbox"/> Yes <input type="checkbox"/> 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	
8		/ /										<input type="checkbox"/> Yes <input type="checkbox"/> 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	
9		/ /										<input type="checkbox"/> Yes <input type="checkbox"/> 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	
10		/ /										<input type="checkbox"/> Yes <input type="checkbox"/> 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	

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

If you need more room or there is more information you think we might need, you can use extra pages.

Tell us about parent(s) that do not live in the home.

List all the children who need child care, whose parent does not live in the home.

Names of children under 19	Is absent parent available to provide care?	If no, provide reason.
	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Tell us about your job and other activities.

Do you need child care because you are working ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you about to start a new job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, start date: / /			Are you looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER'S NAME				TOTAL HOURS WORKED PER WEEK		Does your schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPICAL WORK SCHEDULE – If your schedule changes, enter your schedule from last week.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Do you have more than one job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please use extra pages to give us more information about your other job(s).							

Do you need child care because you are in a training program for work ? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you about to start a training program for work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, start date: / /			
TRAINING PROGRAM NAME/FACILITY				TOTAL HOURS OF TRAINING PER WEEK		Does your schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPICAL TRAINING SCHEDULE – If your schedule changes, enter your schedule from last week.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Do you need child care because you are going to college/taking classes ? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you about to start college/taking classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, start date: / /			
SCHOOL OR COLLEGE NAME				TOTAL HOURS OF CLASSES PER WEEK		Does your schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPICAL CLASS SCHEDULE – If your schedule changes, enter your schedule from last week.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Tell us about the other adult(s) applying with you and their activities.

Whose job information is this? (Check one.) <input type="checkbox"/> Spouse <input type="checkbox"/> Other parent <input type="checkbox"/> Other adult				Do they have more than one job? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please use extra pages.			
Is the adult working ? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the adult about to start a new job? <input type="checkbox"/> Yes <input type="checkbox"/> No Start date: / /			Is the adult looking for work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
EMPLOYER'S NAME				TOTAL HOURS WORKED PER WEEK		Does the schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPICAL WORK SCHEDULE – If the schedule changes, enter the schedule from last week.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Is the adult in a training program for work ? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is the adult about to start a training program for work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, start date: / /			
TRAINING PROGRAM NAME/FACILITY				TOTAL HOURS OF TRAINING PER WEEK		Does the schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TYPICAL TRAINING SCHEDULE – If the schedule changes, enter the schedule from last week.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Is the adult going to college/taking classes ? <input type="checkbox"/> Yes <input type="checkbox"/> No				Is the adult about to start college/taking classes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, start date: / /			
SCHOOL OR COLLEGE NAME			TOTAL HOURS OF CLASSES PER WEEK		Does the schedule change week to week? <input type="checkbox"/> Yes <input type="checkbox"/> No		
TYPICAL CLASS SCHEDULE – If the schedule changes, enter the schedule from last week.	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Tell us about your household income.

Let us know if you or anyone applying with you receives money from any of the following:	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 (New York State, Veterans Affairs, 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"/>						
Public Assistance (PA) Grant, Safety Net Benefits	<input type="checkbox"/>	<input type="checkbox"/>						
Other (Please specify.)	<input type="checkbox"/>	<input type="checkbox"/>						

Consents and Signature

Please read the terms, check the box, and sign the application. By submitting this application, I agree that: <ul style="list-style-type: none"> I want to apply for Child Care Assistance. I have been honest on this application, and it is complete to the best of my knowledge. Getting assistance will not affect me or my family's immigration status. Immigration information is private and confidential. My family resources are not more than \$1,000,000. <input type="checkbox"/> I attest that the information I provided on this application is correct and complete to the best of my knowledge.		
YOUR SIGNATURE X	PRINT NAME	DATE SIGNED / /
THE OTHER ADULT(S) SIGNATURE X	PRINT NAME	DATE SIGNED / /



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.

X _____ / / _____
 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 **1-800-367-8683**으로 전화 하십시오.
 যদি আপদি এই ইংরেজীবেপপরেচাি়োহরে **1-800-367-8683** িষরে পফাি ককি

VOTER REGISTRATION APPLICATION (instructions on back)

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

1	Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO , <u>do not</u> complete this form	2	A) Will you be 18 years old on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election? <input type="checkbox"/> YES <input type="checkbox"/> NO If you answered NO to both of the prior questions, you <u>cannot</u> register to vote.	For Board Use Only		
3	Last Name _____ First Name _____ Middle Initial _____ Suffix _____					
4	Address where you live (do not give P.O. box) _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____					
5	Address where you get your mail (if different than above) _____ P.O. Box, Star Route, etc. _____ Post Office _____ Zip Code _____					
6	Date of Birth / /	7	Gender (optional)	8	Telephone (optional)	Email (optional)
10	The last year you voted _____	Your address was (give house number, street and city) _____		9	ID Number (Check the applicable box and provide your number) <input type="checkbox"/> New York State DMV number _____ <input type="checkbox"/> Last four digits of your Social Security number _____ <input type="checkbox"/> I do not have a New York State DMV or Social Security number	
	In county/state _____	Under the name (if different from your name now) _____				
11	Political Party I wish to enroll in a political party <input type="checkbox"/> Democratic party <input type="checkbox"/> Republican party <input type="checkbox"/> Conservative party <input type="checkbox"/> Working Families party <input type="checkbox"/> Other _____ I do not wish to enroll in any political party and wish to be an independent voter. <input type="checkbox"/> No party			12	Affidavit: I swear or affirm that <ul style="list-style-type: none"> · I am a citizen of the United States. · I will have lived in the county, city or village for at least 30 days before the election. · I will meet all requirements to register to vote in New York State. · This is my signature or mark on the line below. · 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. X _____ / / _____ Signature or Mark in ink Date	

(Optional) Register to donate your organs and tissues

Last Name		
First Name	Middle Initial	Suffix
Address		
Birth Date / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Eye Color	Height Ft. in.	
Email	DMV or ID NYC Number	

By signing below, you certify that you are:

- 16 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 NYS Donate Life Registry for enrollment;
- And authorizing the Registry to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health hospitals upon your death.



_____ / / _____
 Signature Date

Qualifications for Registration

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;
- pre-register to vote if you are 16 or 17 years of age.

To Register You Must:

- be a U.S. citizen;
- be 18 years old (you may pre-register at 16 or 17 but cannot vote until you are 18);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in prison for a felony conviction;
- not claim the right to vote elsewhere; and
- not found to be incompetent by a court.

Important!

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

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.

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, pay check, 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.
