

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

**This application is for non-guaranteed Child Care Assistance only.** If you want to apply for Child Care Assistance **and** other state benefits, such as Public Assistance (PA), Supplemental Nutrition Assistance Program (SNAP), Home Energy Assistance (HEAP), Medicaid, or guaranteed Child Care Assistance (category 1), please use the form *New York State Application for Certain Benefits and Service, LDSS-2921*, found here: <https://otda.ny.gov/programs/applications/2921.pdf>.

**APPLYING FOR CHILD CARE ASSISTANCE**

- You are applying for category 2 Child Care Assistance. Category 2 Child Care Assistance is for families when funds are available. Category 1 Child Care Assistance is for families who are eligible for a child care guarantee, which includes families applying for or receiving PA, Child Care Assistance in lieu of PA, and transitional child care.
- You can fill out the application and turn it in the same day you get it. If you are eligible, the county you live in may give you assistance back to the date you turned in your application.
- You can turn in your application in person or by mail. If you want to turn in your application electronically by email, fax, etc., please reach out to your local department of social services for further information.
- The local department of social services will take your application if it has your name, address, and a signature. However, the application needs to be complete to determine if you are eligible to get Child Care Assistance.

**HOW TO COMPLETE THE APPLICATION**

- Please complete each section. Some sections are marked “optional,” and you can choose to complete them or not.
- Please write clearly on the application.
- Do not write in the shaded areas.
- If you are helping someone apply, please write the information about the person you are helping.

**WHERE TO TURN IN THE APPLICATION**

- Please turn the application in to your local department of social services of the county where you live.

**Make sure the local department of social services gives you 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 have important information in them about your rights and responsibilities and can be found here:**

<https://otda.ny.gov/programs/applications/4148A.pdf>  
<https://otda.ny.gov/programs/applications/4148B.pdf>  
<https://otda.ny.gov/programs/applications/4148C.pdf>

**IF YOU WANT TO WITHDRAW YOUR APPLICATION**

- Give the local department of social services a written and signed request to withdraw the application you turned in.
- You can apply again at any time.

**Tell us about yourself.**

Please fill out the information about yourself. If you are helping someone apply, please fill out this information about the person you are helping (the applicant):

- **Full Name** Please tell us your legal name, both your first and last name. Please include any aliases.
- **Street Address** Please tell us the full street address, including apartment number/floor, city, county, state, and Zip Code, of where you are living now.
- **Mailing Address** If you get mail somewhere other than where you live, please tell us that address here.
- **Phone Number** Please tell us your phone number, with the area code. Check ☒ the box if this is a cell phone, home phone, or work phone.
- **Email** If you want to be reached by email, please tell us your email address. *This is optional.*
- **Contact** Please check ☒ the box that tells us how you want someone reach you. If you check "other," please tell us the best way to reach you. *This is optional.*
- **Primary Language** Please check ☒ the box that tells us the language that you speak most often in your home. If you check "other," please tell us the language you prefer.
- **Marital Status** Please check ☒ the box to tell us your current legal marital status.

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

The questions in this section are for you **AND** any other adult household members who are applying for Child Care Assistance with you – this means your spouse who lives with you, the child's parent who lives with you, individuals temporarily absent from the home who must contribute toward the needs of the household, or any other adult living in the home who is legally responsible for the child(ren).

- If you and/or any of the listed adults above get any of the benefits that are on the list, please check ☒ each one that is received. If no one is receiving any of these benefits, please check ☒ the box, "None of these."

**Tell us about your household's circumstances.**

The questions in this section are for you **AND** any other adult(s) applying with you.

- **Homeless** Please check ☒ Yes or No to tell us if your family has a fixed, regular, adequate place to stay at night.
- **U.S. Military** Please check ☒ Yes or No to tell us if an adult in the home is on active duty, serving full-time in the U.S. Military.
- **Military Reserve** Please check ☒ Yes or No to tell us if an adult in the home a member of the National Guard, or Military Reserve Unit
- **Child Care Funding** Please check ☒ Yes or No to tell us if an adult in home is receiving/applying for other child care funding. If you check ☒ Yes, please tell us the agency name.
- **Need Reason** Please tell us the reason(s) child care is needed. For example, to work, to attend substance abuse treatment, etc.

**Tell us about everyone in your home.**

List the information for everyone who lives with you, even if they are not applying with you.

- **Full Name** Please write your full name on line 1 and then write the names of the other people who live with you on each line under yours.
- **Date of Birth** Please tell us each person's date of birth.
- **Sex** New York State will make sure that you can access state benefits and/or services regardless of your sex, gender identity, or expression. Please write the sex of all the people who live with you as male, female, or X to match what is on file with the United States Social Security Administration.

- **Relationship** Please tell us each person's relationship to you. For example, spouse, other parent, biological child, foster child, friend, roommate, grandparent, etc.
- **Gender Identity** Your gender identity is how you see yourself and what you call yourself. Your gender identity can be the same as your sex. You do not have to tell us any of this information if you do not want to. If you choose to write your gender identity, please only tell us your own in the space provided. Giving us your gender identity is your choice and will not change your eligibility for Child Care Assistance or the amount of assistance you will be given by this agency.
- **Social Security Number** You can add your Social Security number if you would like to. Social Security numbers may be used by federal, state, and local agencies to make sure the services you are given are not duplicated, may be used to catch or stop fraud, and may be used for federal reporting. *This is optional.*
- **Hispanic/Latinx** Please enter **Y** (Yes) or **N** (No) for each person if they are Hispanic, Latinx, or not. Giving us ethnicity information is your choice and will not change your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **Race** Please enter **Y** (Yes) or **N** (No) for each of the race codes (below). Giving us race information is your choice and will not change your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.  
**H** – Hispanic, **I** – Native American or Alaskan Native, **A** – Asian, **B** – Black or African American, **P** – Native Hawaiian or Pacific Islander, **W** – White
- **Child Care Need** Please enter **Y** (Yes) or **N** (No) to tell us if each child needs child care.
- **Citizenship** Please enter **Y** (Yes) or **N** (No) to tell us if each child is a *United States citizen, United States national, or a person with satisfactory immigration status*. If you are not sure, please talk to your local department of social services. The citizenship or immigration status of the adults or children who do not need child care will not change your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **Special needs** Please enter **Y** (Yes) or **N** (No) to tell us if each child has special needs. A child with special needs is a child who cannot take care of themselves and has one or more of the following diagnoses:
  - (1) Visual impairment
  - (2) Deafness or other hearing impairment
  - (3) Orthopedic impairment
  - (4) Emotional disturbance
  - (5) Intellectual disability
  - (6) Learning disability
  - (7) Speech or language impairment
  - (8) Health impairment
  - (9) Autism
  - (10) Multiple disabilities
  - (11) Traumatic brain injury
  - (12) Deaf-blindness
  - (13) Other health impairment*For the full definition of a child with special needs, please see NYCRR Title 18 Part 415.1(c).*
- **Parents in the home** Please enter **Y** (Yes) or **N** (No) for each child to tell us if both parents live in the home.

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

*This information is about the parent who does not live in the home.*

- Please write the name(s) of the child(ren) who are applying for Child Care Assistance and are under the age of 19, whose parent does not live in your home.
- Please check ☒ Yes or No to tell us if the parent who does not live in the home is available to provide care. If they are not, please tell us the reason (for example: they are working, attending rehabilitation, in jail, there is a court order, there is a safety issue, visitation agreement, etc.).

**Tell us about your job and other activities.**

*Please fill out the information if you are working. If you are not working, are not about to start a new job, and are not looking for work, please check ☒ "No" and go to the next section on the application.*

- Please check ☒ Yes or No to tell us if you need child care because you are working, if you are about to start a new job, or you are looking for work. If you are about to start a new job, please tell us your start date.
- Employer/Job Information: Please write the name of where you work, the total number of hours you work or will be working each week, your schedule, and tell us if your schedule changes each week. If your schedule changes each week, please write the hours you worked last week. If you are about to start a new job, please tell us what your schedule will be. If you have more than one job, please check ☒ Yes or No and use extra pages and tell us the above information.

*Please fill out the information if you are in a training program for work. If you are not in a training program or are about to start one, please check ☒ "No" and go to the next section on the application.*

- Please check ☒ Yes or No to tell us if you need child care because you are in a training program for work or are about to start one. If you are about to start a training program, please tell us your start date.
- Training Program Information: Please write the name of the training program or facility, the total number of hours you are at the training program or will be each week, your training schedule, and tell us if your training schedule changes each week. If your schedule changes each week, please write the hours you attended the training program last week. If you are about to start a training program, please tell us what your schedule will be.

*Please fill out the information if you are going to college/taking classes. If you are not going to college/taking classes or are about to start, please check ☒ "No" and go to the next section on the application.*

- Please check ☒ Yes or No to tell us if you need child care because you are going to college/taking classes or about to start college/classes.
- School/College Information: Please write the name of the school or college, the day you started going or will be starting college/taking classes, the total number of hours you are taking classes or will be taking each week, your class schedule, and tell us if your schedule changes each week. If your schedule changes each week, please write the hours you attended classes last week. If you are about to start college/classes, please tell us what your schedule will be.

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

*Please fill out the information about the other adult(s) applying with you.*

- Please check ☒ whose job information this is (your spouse, other parent, or other adult). Please check ☒ Yes or No to tell us if the adult has more than one job. If yes, please use extra pages and tell us the below information. Please tell us if they are working, about to start a new job, or looking for work. If they are about to start a new job, please tell us their start date.
- Employer/Job Information: Please write the name of where they work, the total number of hours they work or will be working each week, their job schedule, and tell us if their schedule changes each week. If the schedule changes each week, please write the hours they worked last week.

*Please fill out the information if the other adult is in a training program for work. If the adult is not in a training program for work or about to start one, please check ☒ "No" and go to the next section on the application.*

- Please check ☒ Yes or No to tell us if the adult is in a training program for work or about to start one. If they are about to start one, please tell us their start date.
- Training Program Information: Please write the name of the training program or facility, the total number of hours they are at the training program or will be each week, their training schedule, and tell us if their schedule changes each week. If their schedule changes each week, please write the hours they attended the training program last week.

*Please fill out the information if the other adult is going to college/taking classes. If the adult is not going to college/taking classes or is about to start college/classes, please check ☒ "No" and go to the next section on the application.*

- Please check ☒ Yes or No to tell us if the adult is going to college/taking classes or about to start.
- School/College Information: Please write the name of the school or college, the day they started or will be starting college/taking classes, the total number of hours they are taking classes or will be each week, their class schedule, and tell us if their class schedule changes each week. If their schedule changes each week, please write the hours they attended classes last week.

### **Tell us about your household income.**

*In this section, please check ☒ Yes or No for you and anyone applying with you for each type of income.*

- For each "Yes" answer, please write the name of the person who earns the income, the dollar amount or value, and how often the person gets paid (for example: weekly, monthly, biweekly, etc.).

### **Consents and Signature.**

*Please read this section or have someone read it to you. Please check ☒ the box. By checking the box, you are agreeing that everything on the application is correct and complete.*

- **SIGNATURE** Please sign your name and write the date. *If you have filled out this application for someone else, sign your own name.* If you are giving this application to the local department of social services electronically, an electronic signature (e-signature) is allowed.
- **PRINT NAME** Please write your full name, first and last.
- **SIGNATURE OF OTHER ADULT(S)** If your spouse lives with you **or** the other parent lives with you **or** individuals temporarily absent from the home who must contribute toward the needs of the household **or** another adult lives with you who is legally responsible for the child(ren) in need of child care, you **both** must sign the application.
- **PRINT NAME** Please write your full name, first and last, if you are the spouse/other parent or other adult that lives in the home who is legally responsible for the child(ren) in need of child care.

*Once you have completed the application, please give the application to the local department of social services of the county where you live.*

**NOTE:** The last page of the *Application for Child Care Assistance* is an application to register to vote. If you want help filling out the voter registration form, please ask your local department of social services. Applying to register to vote will not change your eligibility for Child Care Assistance or the amount of assistance you will be given by this agency.