

## Child Care Assistance New Application Submission Checklist

The Application for Child Care Assistance (CFWB-012) must include supporting documentation. Check to ensure that documentation is provided for each requirement of subsidy eligibility.

### 1 APPLICATION (CFWB-012)

Ensure all sections are completed, including:

If two-parent household, both parents signed      Military status (Section 3)      Travel time (Section 5)

### 2 NEW YORK CITY RESIDENCY

Copy of **one** of the following:

IDNYC	Utility Bill	Section 8 Award Letter
Driver's License	Rent Receipt	NYCHA Certificate
Other		

PLEASE NOTE: If "OTHER" documentation is not satisfactory, ACS will notify applicant.

### 3 ONLY FOR CHILD(REN) NEEDING CHILD CARE: CITIZENSHIP/IMMIGRATION STATUS

Copy of **one** of the following:

US Birth Certificate	Alien Registration Card including Permanent Resident or Green Card
US Passport	Form FS-240 (Report of Birth Abroad of a U.S. Citizen)
Naturalization Certificate	Other

PLEASE NOTE: If "OTHER" documentation is not satisfactory, ACS will notify applicant.

### 4 CHILD'S RELATIONSHIP TO PARENT/APPLICANT

Copy of **one** of the following for **all** children in the household under age 18, regardless if child care is needed for the child:

Birth Certificate	Adoption record
Baptismal record	Court order for legal guardian with financial responsibility
Passport with parent signature	

### 5 AGE

Copy of **one** of the following for **all** children in the household under age 18, regardless if child care is needed for the child:

Birth Certificate	Adoption record
Baptismal record	Alien Registration Card
Passport	

### 6 INCOME

All Applicants submitting CFWB-012 must provide documentation of income regardless of reason for care.

#### If Employed:

CFWB-015 - Referral to Employer for Employee Income Information

#### OR

Pay Stubs (Bi-weekly = Every 2 weeks; Semi-monthly = Twice a month)  
Weekly – 4 current, consecutive pay stubs if gross amount is the same  
Weekly – 12 current, consecutive pay stubs if gross varies  
Bi-weekly/Semi-monthly – 2 current, consecutive pay stubs if gross amount is the same  
Bi-weekly/Semi-monthly – 6 current, consecutive pay stub if gross varies

Please go to <http://www1.nyc.gov/site/acs/early-care/forms.page> for forms and application instructions. For more information call 311 or 212-835-7610.

**If Self-Employed:**

If self-employed 1 year or more: current, complete and signed income tax package (ex. 1040, 1065, Schedule C, SE for partnership, K-1, etc.)

If self-employed less than 1 year, complete and submit CFWB-031 Self-Employment Income Information Attestation

**Other Income:**

Recent checks, pay stubs or current award letters required for other income identified by the applicant on the CFWB-012 including SSI, SSD, unemployment benefits, rental income, pensions, annuities, worker's compensation, alimony, and child support.

**7**

**REASONS FOR CARE**

Applicant must document **one** of the following reasons for care:

**a) Working minimum of 20 hours or more per week:**

See above under income for required documents regarding Employment and / or Self-employment.

**b) Educational/Vocational activity:**

2 Year College/Vocational School (**One** of the following)

CFWB-005 with School's stamp

A letter from the training institution on official letterhead is also acceptable, but must contain all necessary information reflected on the CFWB-005.

4 Year full time college student plus work

CFWB-015 OR Pay Stubs indicating work 17 ½ hours per week

**And one** of the following

CFWB-005 with school's stamp

A letter from the training institution on official letterhead is also acceptable, but must contain all necessary information reflected on the CFWB-005.

**c) Looking for Work (One of the following):**

CFWB-026 - Work Search Record

Approved Work Search Plan from the NYS Dept. of Labor

Proof of receipt of Unemployment Insurance

**d) Homeless (One of the following):**

Written Referral from Hotel/Shelter

CFWB-027 Housing Questionnaire/Attestation

**e) Domestic Violence Referral (From Domestic Violence service provider):**

Referral for services in response to domestic violence

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