



**CHEMUNG
COUNTY
CHILD CARE
COUNCIL, INC.**

Leading The Way To Child Care That Works

1580 Lake Street – Suite 200 Elmira, New York 14901 (607) 734-3941 Fax: (607) 737-7293

Child Care Assistance Program Application – Original Letter

Dear Parent/Guardian:

Enclosed please find the Child Care Assistance Program application packet. Please complete the application in full and sign and date the application the DAY YOU TURN IT IN with all of the forms and copies of required documents. Failure to turn in a complete, signed/dated application with all of the required documentation will delay your application.

The following **MUST** be included with your application in order for your application to be processed.

1. **COPIES** of one-month current consecutive paystubs for all working family household members who are over the age of 18 years old. NOTE: If you do not yet have any paystubs you **MUST** give the Employment Verification Letter to your employer for them to complete and return directly to the Child Care Council. Paystubs may be requested once you have them.
2. **COPIES** of birth certificates for everyone in the family unit.
3. **COPIES** of any child support paperwork.
4. **COPIES** of any Social Security income paperwork.
5. **COPIES** of any Disability income paperwork.
6. **COPY** of proof of residency such as a landlord statement; gas/electric bill or driver's license.
7. If you are attending school **COPIES** of proof you are enrolled in school and your school/class schedule.
8. **CHILD CARE PROVIDER FORM** to be completed and signed/dated by you and your child care provider.
9. **Review and sign page 2 of this original application letter which indicates you understand your responsibilities and agree to abide by the requirements for the Child Care Assistance program.**

If after the initial review of your case further documents are required you will receive a letter indicating what is needed.

DO NOT SEND ORIGINAL DOCUMENTS as all documents submitted are SHREDDED once they are scanned into the County Database system. The Child Care Council IS NOT RESPONSIBLE FOR ANY ORIGINAL DOCUMENTS THAT YOU SUBMIT.

The County DSS has **30 days** from the date of your application to decide regarding your eligibility. **KEEP A COPY OF EVERYTHING YOU SUBMIT FOR YOUR RECORDS.**

Return your completed application with all required forms and COPIES of required documents to Chemung County Child Care Council at the address at the top of this letter OR put everything in a large envelope and put it in our Child Care Council Drop Box at the corner of our parking lot or email to Subsidyapplications@chemchildcare.com If you have any questions you may call the Child Care Assistance Program at (607) 734-3941. Thank You.

IMPORTANT PARENT/GUARDIAN RESPONSIBILITIES:

- You are responsible for the FULL COST OF YOUR CHILD CARE until you receive a letter indicating if you are approved for assistance. In the event your application is denied you will continue to be responsible for the full cost of your child Care.
- If your application is approved you must pay your parent fee to the child care provider/program. If you use more than one child care program and stop using the provider/program to which you pay the parent fee you are responsible to start paying the parent fee to the other program/provider. You must notify the Child Care Council if you CHANGE who you pay your parent fee to.
- You must notify the Child Care Council immediately if you have a change in the child care program you use; household size; change in employment including where you work or any other changes that could affect your eligibility.
- You must sign your child in and out of the child care program each day and review the final attendance sheet and approve it with your signature and date before the child care provider/program can bill for care provided.
- You must recertify/re-apply for child care assistance program every 12 months or sooner if your approval is for less than 12 months.
- Child care assistance will only be paid to the child care provider/program the dates and times that you are approved for assistance.

Certification: I have read, understand and agree to my responsibilities for receiving public funding to assist with the cost of my child care.

Parent Signature

Date

Parent Email

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.
If you get mail somewhere other than where you live, please tell us that address here.
- **Mailing Address**
Please tell us your phone number, with the area code. Check the box if this is a cell phone, home phone, or work phone.
- **Phone Number**
- **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 is 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.

<ul style="list-style-type: none"> • Relationship 	<p>Please tell us each person's relationship to you. For example, spouse, other parent, biological child, foster child, friend, roommate, grandparent, etc.</p>
<ul style="list-style-type: none"> • Gender Identity 	<p>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.</p>
<ul style="list-style-type: none"> • Social Security Number 	<p>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. <i>This is optional.</i></p>
<ul style="list-style-type: none"> • Hispanic/Latinx 	<p>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.</p>
<ul style="list-style-type: none"> • Race 	<p>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.</p>
<ul style="list-style-type: none"> • Child Care Need 	<p>H – Hispanic, I – Native American or Alaskan Native, A – Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White</p> <p>Please enter Y (Yes) or N (No) to tell us if each child needs child care.</p>
<ul style="list-style-type: none"> • Citizenship 	<p>Please enter Y (Yes) or N (No) to tell us if each child is a <i>United States citizen, United States national, or a person with satisfactory immigration status</i>. 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.</p>
<ul style="list-style-type: none"> • Special needs 	<p>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:</p> <ol style="list-style-type: none"> (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
<ul style="list-style-type: none"> • Parents in the home 	<p><i>For the full definition of a child with special needs, please see NYCRR Title 18 Part 415.1(c).</i></p> <p>Please enter Y (Yes) or N (No) for each child to tell us if both parents live in the home.</p>

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 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.

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

Cell Phone

Home Phone/landline

Work Phone

Email (*This is optional.*)

How would you like to be contacted? (*This is optional.*)

Phone Email

Other (Please tell us.)

Primary Language

English Spanish

Other (Please tell us.):

Marital Status

Single Married

Divorced

Separated

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 & 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)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- A parent is on active duty (serving full time) in the **U.S. Military**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- A parent is a member of the **National Guard** or **Military Reserve Unit**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- Receiving or applying for other child care funding

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 - 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-YY)	SEX (M/F/X)	RELATIONSHIP TO YOU	Gender Identity (This is optional. Please describe.)	SOCIAL SECURITY NUMBER (SSN) Optional	Enter Y (Yes) or N (No) if Hispanic or Latinx (Optional)				Does this child need child care? (Y/N)	FOR EACH CHILD in need of child care, answer Yes/No			
							H	I	A	B		P	W	Is the child a U.S. citizen/national or has satisfactory immigration status?	Does child have special needs?
1		/ /		SELF											
2		/ /													
3		/ /													
4		/ /													
5		/ /													
6		/ /													
7		/ /													
8		/ /													

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? Yes No

Are you about to start a new job? Yes No If yes, start date: / /

Are you looking for work? Yes No

EMPLOYER'S NAME _____

TOTAL HOURS WORKED PER WEEK _____

Does your schedule change week to week? Yes 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? Yes 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? Yes No

Are you about to start a training program for work? Yes No If yes, start date: / /

Are you looking for work? Yes No

TRAINING PROGRAM NAME/FACILITY _____

TOTAL HOURS OF TRAINING PER WEEK _____

Does your schedule change week to week? Yes 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? Yes No

Are you about to start college/taking classes? Yes No If yes, start date: / /

Are you looking for work? Yes No

SCHOOL OR COLLEGE NAME _____

TOTAL HOURS OF CLASSES PER WEEK _____

Does your schedule change week to week? Yes 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.) Spouse Other parent Other adult

Do they have more than one job? Yes No If yes, please use extra pages.

Is the adult working? Yes No Is the adult about to start a new job? Yes No Start date: / /

Is the adult looking for work? Yes No

EMPLOYER'S NAME _____

TOTAL HOURS WORKED PER WEEK _____

Does the schedule change week to week? Yes 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? Yes No If yes, start date: / /

Is the adult about to start a training program for work? Yes No If yes, start date: / /

TRAINING PROGRAM NAME/FACILITY _____

TOTAL HOURS OF TRAINING PER WEEK _____

Does the schedule change week to week? Yes 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?
 Yes No

Is the adult about to start college/taking classes?
 Yes No If yes, start date: / /

SCHOOL OR COLLEGE NAME

TOTAL HOURS OF CLASSES PER WEEK

Does the schedule change week to week?
 Yes 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:

- 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.

I attest that the information I provided on this application is correct and complete to the best of my knowledge.

YOUR SIGNATURE	PRINT NAME	DATE SIGNED
X		/ /
THE OTHER ADULT(S) SIGNATURE	PRINT NAME	DATE SIGNED
X		/ /



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 not to register to vote at this time.

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.

যদিআপদিএই ইংরেজীবেপপরেচাি়োহরে **1-800-367-8683** িষরে পফাি ককি

Signature

Date

Please Print Name

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, do not 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 cannot 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)	
	In county/state		Under the name (if different from your name now)			<input type="checkbox"/> New York State DMV number _____	<input type="checkbox"/> Last four digits of your Social Security number _____
11	Political Party		I wish to enroll in a political party		12	Affidavit: I swear or affirm that	
	<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"/> I am a citizen of the United States. <input type="checkbox"/> I will have lived in the county, city or village for at least 30 days before the election. <input type="checkbox"/> I will meet all requirements to register to vote in New York State. <input type="checkbox"/> This is my signature or mark on the line below. <input type="checkbox"/> 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.	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	
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.



**CHEMUNG
COUNTY
CHILD CARE
COUNCIL, INC.**

Leading The Way To Child Care That Works

1580 Lake Street – Suite 200 Elmira, New York 14901 (607) 734-3941 Fax: (607) 737-7293

EMPLOYMENT VERIFICATION FORM

I authorize my employer's payroll department or HR department to release the information requested on this form to the Chemung County Child Care Council.

TO BE COMPLETED BY CHILD CARE ASSISTANCE PROGRAM APPLICANT/EMPLOYEE:

Child Care Assistance Applicant Parent Name: _____

Employer: _____

Employer address: _____

Employee Signature

Date

TO BE COMPLETED BY EMPLOYER:

Employee's Name: _____ Position: _____

Hire Date: _____ Leave Date: _____ Return Date: _____

Employees Weekly Work Schedule:

Week Day	Schedule
MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

If the employee works a varied schedule please explain:

Hourly Rate of Pay: \$ _____ Is overtime required? _____ If so, how often? _____

If employment temporary? _____ If so what is the expected end date? _____

Print name/title of person completing this form: _____

Signature person completing this form: _____ Date: _____

PLEASE RETURN TO THE CHILD CARE COUNCIL – Fax: 607-737-7293 or by mail to the address at the top of this form. THANK YOU.

CHILD CARE PROVIDER FORM

This Form MUST be completed by the PARENT/ GUARDIAN and CHILD CARE PROVIDER and returned to:
Chemung County Child Care Council Inc. 1580 Lake Street Suite 200, Elmira New York 14901

TO BE COMPLETED BY PARENT /GUARDIAN:

Parent Name: _____ Telephone: _____

Street: _____

City: _____ State: _____ Zip: _____

This is my **ONLY** provider: YES _____ NO _____

If no, list other provider _____

If more than one provider which provider will receive your parent fee _____

TO BE COMPLETED BY PROVIDER:

Providers Name: _____ Telephone _____

Member of Household members 18 Years or OLDER: _____

Street: _____

City: _____ State: _____ Zip: _____

ADDRESS WHERE CARE IS GIVEN: (IF DIFFERENT FROM ABOVE)

Street _____ City _____

State _____ Zip _____

Please list ALL children in your care below:

Childs Name	Sex M/F	Date of Birth	Start Date	Relationship to child

SIGNATURE OF PROVIDER _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



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AUTHORIZATION FOR THE RELEASE OF INFORMATION

The Chemung County Child Care Council provides services (Child Adult Care Food Program, Child Care Subsidy Program, Child Care Referrals, Child Care Program Quality Initiative, and the Elmira Family Resource Center) for which your child(ren) and/or you are participating in.

I give permission for the Chemung County Child Care Council, Inc., Comprehensive Interdisciplinary Developmental Services (CIDS), Economic Opportunity Program — Birth 5 Program, Elmira City School District, Elmira Heights School District, Horseheads School District, Spencer-Van Etten School District, and the COMET system your child's day care to share the information collected. This includes the child's name, child's date of birth, parent/guardian's name, parent/guardian address; parent/guardian phone number; parent/guardian place of employment; parent/guardian email; programs that my child(ren) or myself is participating in and my child(ren's) 's daycare program.

PURPOSE OF CONSENT: Reports may be shared with grant funders and or the community. These reports WILL NOT include my child(ren's) or my identifying information. Only aggregate or group data will be shared.

I understand that by signing this authorization for and participating in any of the above programs is voluntary. This authorization will remain in effect until I revoke it. I understand that I have the right to revoke this authorization at any time by puffing my request in writing to the Chemung County Child Care Council at the above address.

Child Name: _____

Child Date of Birth _____ Sex: _____

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Phone : _____ Email: _____

Parent/Guardian place of employment: _____

By signing, I attest to the fact that I am authorized to give this consent:

Parent/Guardian's signature _____ Date: _____

ACCESSING APPLICANT/RECIPIENT INFORMATIONAL BOOKS

If you are blind or seriously visually impaired and need this form or the three informational books in an alternative format (large print, audio, data CD, or Braille) contact your social services district. Large print, audio and data files are also available for download at <http://otda.ny.gov/> under "Forms". If you require another accommodation, please contact your local social services district office.

This form and the three informational books are offered in multiple languages and are available online at <http://otda.ny.gov/> under "Forms". To view the books follow the link provided, click "Forms" and scroll down until you see the titles of the books. The book titles are listed below.

You may also pick up printed books at your local District Offices or have them mailed to you at any time upon request.

Book1: What You Should Know About Your Rights and Responsibilities (LDSS-4148A)

This book informs you about your rights and responsibilities when applying for and receiving benefits.

Book 2: What You Should Know About Social Services Programs (LDSS-4148B)

This book gives information about the different programs available - such as Temporary Assistance (TA), Supplemental Nutrition Assistance Program (SNAP) as well as Medical Assistance (MA) (which includes Medicaid, Family Health Plus, and Family Planning Benefit Program). It also provides information on other services including child care, foster care, child welfare, adoption and other available programs.

Book 3: What You Should Know If You Have an Emergency (LDSS-4148C)

This book tells you what to do in case you have an emergency - such as needing immediate help with shelter, food, utility, fuel expenses, or medical attention.

You are entitled to information about your rights and responsibilities as an applicant or recipient of services and benefit programs.

The valuable information in these books can help you in applying for and receiving benefits. It is very important that you read these books and understand the information. If you have any questions after reading the books, or need help accessing the information, you may contact your district office for assistance.

Hearing impaired callers can use the New York State Relay service by dialing 711 or TTY phone numbers of 1-800-421-1220 or 1-800-662-1220