



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	APPLIC/	ATION (CFWB-012)	
Ensure all sections are completed ☐ If two-parent household, both	•	lilitary status (Section 3) □Travel time (Section 5)
2 NEW YORK CITY RESIDENCY			
Copy of one of the following: IDNYC Driver's License Other PLEASE NOTE: If "OTHER" docume	☐ Utility Bill ☐ Rent Receipt ntation is not satisfac	□NYCH	on 8 Award Letter A Certificate olicant.
3 ONLY FOR CHILD(RE	N) NEEDING CHI	LD CARE: CITIZEN	SHIP/IMMIGRATION STATUS
Copy of one of the following: US Birth Certificate US Passport Naturalization Certificate PLEASE NOTE: If "OTHER" docume	☐ Form FS-240 (Rep☐ Other	oort of Birth Abroad of a	
4 CH	ILD'S RELATION:	SHIP TO PARENT/	APPLICANT
Copy of one of the following for a Birth Certificate Baptismal record Passport with parent signature	☐ Adoption record☐ Court order for le	sehold under age 18, ro	egardless if child care is needed for the child: cial responsibility
5		AGE	
Copy of one of the following for a Birth Certificate Baptismal record Passport	III children in the hou Adoption record Alien Registration		egardless if child care is needed for the child:
6		INCOME	
All Applicants submitting CFWB-0)12 must provide doc	umentation of income	regardless of reason for care.
If Employed: ☐ CFWB-015 - Referral to Employed OR ☐ Pay Stubs (Bi-weekly = Every 2 ☐ Weekly - 4 current, consecut ☐ Weekly - 12 current, consecut ☐ Bi-weekly/Semi-monthly - 2 ☐ Bi-weekly/Semi-monthly - 6	weeks; Semi-monthly ive pay stubs if gross utive pay stubs if gros current, consecutive	r = Twice a month) amount is the same s varies pay stubs if gross amou	ınt is the same

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

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.