



NAME (First/Last): \_\_\_\_\_

## SECTION 2: CHILDREN INFORMATION

To be eligible, children must be under age 13. Children with special needs may be eligible up to age 19.

### CHILDREN IN THE HOME WHO NEED CHILD CARE ASSISTANCE

KEY: **A** (Asian) **B** (Black/African Decent) **C** (White) **N** (American Indian/Alaskan Native) **P** (Native Hawaiian/Other Pacific Islander)

Child's Name <i>(First Name, Middle Initial, Last Name)</i>	Date of Birth	Relationship to Applicant	Gender	Race <i>(circle all that apply)</i>	Is child Hispanic/Latino?	Social Security Number <i>(optional)</i>	Is child a U.S. citizen?	Is child up to date with shots? <i>(immunizations)</i>
1.	___/___/___		<input type="checkbox"/> M <input type="checkbox"/> F	A B C N P	<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"/> M <input type="checkbox"/> F	A B C N P	<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"/> M <input type="checkbox"/> F	A B C N P	<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"/> M <input type="checkbox"/> F	A B C N P	<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"/> M <input type="checkbox"/> F	A B C N P	<input type="checkbox"/> YES <input type="checkbox"/> NO	____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do any of the above children have special needs?  YES  NO If YES, provide name(s): \_\_\_\_\_

Do you share joint custody with any of the children listed above?  YES  NO

If YES, provide name(s): \_\_\_\_\_

### CHILDREN UNDER 18 IN THE HOME WHO DO NOT NEED CHILD CARE ASSISTANCE

First Name, Middle Initial, Last Name	Date of Birth	Gender	Relationship of Child to Applicant	Social Security Number <i>(optional)</i>
1.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____
2.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____
3.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____

Do any of the children listed above have their *own* children living in your home?  YES  NO If YES, list the names of the minor parents (under age 18) and the name(s) of their child(ren):

Parent(s) Under Age 18:

Child(ren) of Parent Under Age 18:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SECTION 3: INFORMATION ON OTHER ADULTS LIVING IN YOUR HOME

List **all** other adults **18 and over** living in your home. Include your spouse and any relatives and non-relatives who live in your home.

First Name, Middle Initial, Last Name	Date of Birth	Gender	Relationship to Applicant	Social Security Number <i>(optional)</i>	Is this person a parent of child living in the home?
1.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Child _____
2.	___/___/___	<input type="checkbox"/> M <input type="checkbox"/> F		____-____-____	<input type="checkbox"/> YES <input type="checkbox"/> NO Name of Child _____

Are any of the other adults listed above an active member of the United States Military?  YES  NO If YES, check the box and provide the name of the other adult(s):  Active Duty U.S. Military  National Guard Military Reserve

\_\_\_\_\_

NAME (First/Last): \_\_\_\_\_

**SECTION 4: WORK/EDUCATION/TRAINING ACTIVITIES**

List all parents and other adults, including yourself, who are working, in training, or in school. Include parents or other persons legally responsible for the children in the home and their spouses. Fill out the information for each activity/parent/other adult. **If there are more than 2 activities, make a copy of this page or download and print another copy of this page from the Care 4 Kids website at [www.ctcare4kids.com](http://www.ctcare4kids.com).**

1. \_\_\_\_\_

*NAME OF PARENT OR OTHER ADULT IN THE HOME*

Type of Activity:     Work     Education     High School     Self-Employed     Training     Disabled

Name of Employer/Program/School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Start Date \_\_\_\_\_ Phone (    ) \_\_\_\_\_

**PARENT/ADULT – TYPICAL WEEKLY SCHEDULE**

*Enter start time and end time, and circle AM or PM. If this activity has more than one schedule, please indicate below.*

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Sunday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Monday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Tuesday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Wednesday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Thursday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Friday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Saturday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM

If your work schedule or activity is flexible or varies, please explain: \_\_\_\_\_

Daily commute to/from child care setting/activity? \_\_\_\_\_ minutes    Do you use public transportation?     YES     NO

2. \_\_\_\_\_

*NAME OF PARENT OR OTHER ADULT IN THE HOME*

Type of Activity:     Work     Education     High School     Self-Employed     Training     Disabled

Name of Employer/Program/School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Start Date \_\_\_\_\_ Phone (    ) \_\_\_\_\_

**PARENT/ADULT – TYPICAL WEEKLY SCHEDULE**

*Enter start time and end time, and circle AM or PM. If this activity has more than one schedule, please indicate below.*

Day of the Week	Schedule 1 Begin Time	Schedule 1 End Time	Schedule 2 Begin Time	Schedule 2 End Time
Sunday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Monday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Tuesday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Wednesday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Thursday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Friday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM
Saturday	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM	_____ : _____ AM PM

If your work schedule or activity is flexible or varies, please explain: \_\_\_\_\_

Daily commute to/from child care setting/activity? \_\_\_\_\_ minutes    Do you use public transportation?     YES     NO

NAME (First/Last): \_\_\_\_\_

## SECTION 5: CHILD SUPPORT PAID

If you or another adult living in your home pays child support, that amount may be deducted from your income. If **YES**, payment is made to \_\_\_\_\_ . Submit verification of child support paid.

What is/are the name(s) of the child(ren) for whom you pay support? \_\_\_\_\_

How much is paid? \$ \_\_\_\_\_ How often?  Weekly  Bi-Weekly  Semi-Monthly  Monthly

## SECTION 6: INCOME INFORMATION

Send verification of all earned and unearned income for parents, parents of children under 18, step-parents, and children under 18. These family members are part of your household and their income will be counted when deciding eligibility. Send at least 2 weeks of your MOST RECENT paycheck stub(s) or a letter from your employer. If you are self-employed, submit a copy of your most recent tax records and returns, including the schedules or receipts of business income and expenditures.

Persons with Income →	Name	Name	Name	Name
<b>Gross Wages (before taxes) and Frequency</b>	\$ _____ * per wk bwk sm mo (circle one)	\$ _____ * per wk bwk sm mo (circle one)	\$ _____ * per wk bwk sm mo (circle one)	\$ _____ * per wk bwk sm mo (circle one)
<b>Self-Employment</b>	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)	\$ _____ per week or month (circle one)
<b>DCF Stipend</b>	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
<b>Social Security Income</b>	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
<b>Unemployment Compensation</b>	\$ _____ per month	\$ _____ per month	\$ _____ per month	\$ _____ per month
<b>Other Income</b> <i>(i.e. alimony, pensions, worker's compensation, veterans benefits, rental income)</i>	\$ _____ Type: _____ * per wk bwk sm mo (circle one)	\$ _____ Type: _____ * per wk bwk sm mo (circle one)	\$ _____ Type: _____ * per wk bwk sm mo (circle one)	\$ _____ Type: _____ * per wk bwk sm mo (circle one)

\*KEY: per: **wk** (weekly), **bwk** (bi-weekly), **sm** (semi-monthly), **mo** (monthly)

Does your household have assets that exceed \$1 million in value?  YES  NO

Do you get child care assistance from another source?  YES  NO

If **YES**, from whom? \_\_\_\_\_ How much? \$ \_\_\_\_\_ How often? \_\_\_\_\_

## SECTION 7: PARENTS RIGHTS AND RESPONSIBILITIES

Please read the following section carefully. If there is anything you do not understand, call **Care 4 Kids** at **1-888-214-5437** and ask that it be explained to you.

- When you have read this section, please sign and date the next page.
- You have certain rights and there are certain rules you need to follow.
- You have the right to file an Application, withdraw an Application, or discontinue your participation in Care 4 Kids at any time.
- You have the right to be treated fairly by Care 4 Kids without regard to race, color, religion, sex or sexual orientation, marital status, national origin, ancestry, age, political beliefs, or disability. You have the right to request forms and notices in Spanish. All non-English speaking participants have the right to the services of an interpreter.
- You have the right to ask for a review of any decision made by Care 4 Kids on your Application. You have the right to speak to a supervisor or mediator and the right to request a hearing from the State of Connecticut.

### I understand and agree that:

- I must report changes in my situation to Care 4 Kids **within 10 days** of the change for the following: change in address, household income over 85% of the State Median Income, if the child receiving Care 4 Kids benefits is no longer in the home, child care provider, and loss of employment or stopping an approved activity. For the current State Median Income Chart, please visit the Care 4 Kids website [www.ctcare4kids.com](http://www.ctcare4kids.com).
- Care 4 Kids may verify the information I have given on this form. I understand that if I am eligible for Care 4 Kids, benefits will not begin any earlier than 15 days before the date the Application is received.

NAME (First/Last): \_\_\_\_\_

**SECTION 7, CONTINUED: PARENTS RIGHTS AND RESPONSIBILITIES**

- The applicant hereby gives voluntary consent for the Department of Social Services to share confidential information about DSS benefits, on applicant and household members, to determine eligibility for Care 4 Kids and to administer the Child Care program. The Office of Early Childhood (OEC) may give to its contractor confidential information from the Department of Social Services about DSS benefits needed to determine eligibility for the Care 4 Kids program and administration of the Child Care program, for individuals who signed the Application. I understand that it will not affect my eligibility for DSS programs if I do not sign; that I may end this authorization in writing to OEC at any time, except when information was already disclosed; and the information DSS provides to OEC and Care 4 Kids can be disclosed and is not protected by privacy laws. This authorization ends when I no longer receive benefits from OEC and Care 4 Kids.
- The Department of Labor will share unemployment compensation and wage information for applicants and household members for determination of eligibility for Care 4 Kids. The Connecticut Office of Early Childhood (OEC) may disclose to its contractor confidential information from the Department of Labor concerning unemployment compensation benefits and quarterly wage information pertaining to individuals who have signed the Application, only as necessary, to determine eligibility for the Care 4 Kids program.
- The information on this form is confidential. The OEC or its contractor will only use this information to administer a State of Connecticut program. Information may be shared with others as permitted by law.
- Care 4 Kids will disclose information about my eligibility for Care 4 Kids to my provider.
- Care 4 Kids may be required to provide information about program applicants and participants to law enforcement officials.
- The child care arrangement is between my provider and me. The OEC and Care 4 Kids are not responsible for the child care arrangement.
- The State of Connecticut may conduct unscheduled visits to verify any household, employer, or provider circumstances.
- Care 4 Kids may not pay the full amount charged by my provider. I am responsible for paying all additional provider charges.
- I have the right to choose any eligible child care provider that meets all applicable health, training, and licensing requirements.
- I may be required to repay any benefits received in error, including administrative errors. I may be subject to criminal prosecution for fraud if I knowingly supply any false information to Care 4 Kids or fail to report changes on time. I also may be disqualified from the program. In order to remain eligible, I must cooperate with the Care 4 Kids and State of Connecticut quality control process.

**PLEASE READ AND SIGN: I have read my rights and responsibilities or have had them read to me in a language I understand. I certify, under penalty of perjury, that all of the information provided is true and correct to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of other legally responsible adult living with you (i.e. spouse, child's parent, etc.)*

Other Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS APPLICATION TO:  
Care 4 Kids ■ 1344 Silas Deane Highway ■ Rocky Hill, CT ■ 06067  
FAX: 1-877-868-0871**