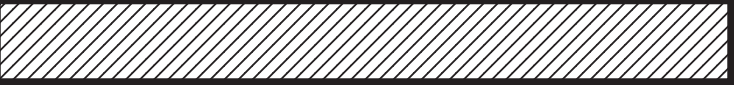




# Child Care and Early Education Service Eligibility Application

STATE OF NEW JERSEY • DEPARTMENT OF HUMAN SERVICES

ADDRESS REPLY TO:



Parent/Applicant Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Complete for Each Additional Child for Whom You Are Requesting Subsidy

**4** FULL NAME OF CHILD NO. 4 SOCIAL SECURITY NO. DATE OF BIRTH

\_\_\_\_\_  
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

*The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.*

RACE:  American Indian or Alaskan  Asian  Black or African American  Native Hawaiian/Pacific Islander  White

ETHNICITY: Hispanic/Latino:  Yes  No SEX:  Male  Female

Indicate the hour/days/duration for which child care is needed: \_\_\_\_\_

Child has a special need:  No  Yes **If yes, state special need and attach verification:** \_\_\_\_\_

Child is a US citizen or a qualified alien?  No  Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One):  Denied  Approved  Waiting List  Pending  
DYFS USE: (Enter the NJ Spirit Case No.) \_\_\_\_\_ Program: \_\_\_\_\_ Code: \_\_\_\_\_ Component: \_\_\_\_\_  
Assessed Co-Payment (Enter and Circle One): \$ \_\_\_\_\_ Wk. \_\_\_\_\_ Mo. \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**5** FULL NAME OF CHILD NO. 5 SOCIAL SECURITY NO. DATE OF BIRTH

\_\_\_\_\_  
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

*The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.*

RACE:  American Indian or Alaskan  Asian  Black or African American  Native Hawaiian/Pacific Islander  White

ETHNICITY: Hispanic/Latino:  Yes  No SEX:  Male  Female

Indicate the hour/days/duration for which child care is needed: \_\_\_\_\_

Child has a special need:  No  Yes **If yes, state special need and attach verification:** \_\_\_\_\_

Child is a US citizen or a qualified alien?  No  Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One):  Denied  Approved  Waiting List  Pending  
DYFS USE: (Enter the NJ Spirit Case No.) \_\_\_\_\_ Program: \_\_\_\_\_ Code: \_\_\_\_\_ Component: \_\_\_\_\_  
Assessed Co-Payment (Enter and Circle One): \$ \_\_\_\_\_ Wk. \_\_\_\_\_ Mo. \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**6** FULL NAME OF CHILD NO. 6 SOCIAL SECURITY NO. DATE OF BIRTH

\_\_\_\_\_  
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

*The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.*

RACE:  American Indian or Alaskan  Asian  Black or African American  Native Hawaiian/Pacific Islander  White

ETHNICITY: Hispanic/Latino:  Yes  No SEX:  Male  Female

Indicate the hour/days/duration for which child care is needed: \_\_\_\_\_

Child has a special need:  No  Yes **If yes, state special need and attach verification:** \_\_\_\_\_

Child is a US citizen or a qualified alien?  No  Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One):  Denied  Approved  Waiting List  Pending  
DYFS USE: (Enter the NJ Spirit Case No.) \_\_\_\_\_ Program: \_\_\_\_\_ Code: \_\_\_\_\_ Component: \_\_\_\_\_  
Assessed Co-Payment (Enter and Circle One): \$ \_\_\_\_\_ Wk. \_\_\_\_\_ Mo. \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**7** FULL NAME OF CHILD NO. 7 SOCIAL SECURITY NO. DATE OF BIRTH

\_\_\_\_\_  
(Last) (First) (M.I.) (9 Digit Number) (Mo./Dy./Yr.)

*The following information is needed for statistical purposes. Check one or more of the appropriate boxes to indicate applicant response.*

RACE:  American Indian or Alaskan  Asian  Black or African American  Native Hawaiian/Pacific Islander  White

ETHNICITY: Hispanic/Latino:  Yes  No SEX:  Male  Female

Indicate the hour/days/duration for which child care is needed: \_\_\_\_\_

Child has a special need:  No  Yes **If yes, state special need and attach verification:** \_\_\_\_\_

Child is a US citizen or a qualified alien?  No  Yes **If yes, attach verification (copy of Social Security Card and Birth Certificate or, if applicable, Resident Alien Card)**

AGENCY USE: Status (Check One):  Denied  Approved  Waiting List  Pending  
DYFS USE: (Enter the NJ Spirit Case No.) \_\_\_\_\_ Program: \_\_\_\_\_ Code: \_\_\_\_\_ Component: \_\_\_\_\_  
Assessed Co-Payment (Enter and Circle One): \$ \_\_\_\_\_ Wk. \_\_\_\_\_ Mo. \_\_\_\_\_ Enrollment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_