

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
HOW TO COMPLETE THE APPLICATION FOR CHILD CARE ASSISTANCE

CATEGORIES OF CHILD CARE ASSISTANCE IN THE NEW YORK STATE CHILD CARE BLOCK GRANT PROGRAM

- 1) Families eligible for a child care guarantee – applying for or receiving Public Assistance (PA), or receiving Child Care Assistance in lieu of PA or receiving transitional child care
- 2) Families eligible when funds are available
- 3) Families eligible when funds are available, and the local social services districts (LSSD) has included them in its Child and Family Services Plan

THIS APPLICATION IS USED TO APPLY ONLY FOR CHILD CARE ASSISTANCE AS A CATEGORY 2 OR 3 FAMILY

If you are applying only for category 2 or 3 Child Care Assistance, you can use this shorter application. If you want to apply for other benefits such as Public Assistance, Supplemental Nutrition Assistance Program (Food Stamps), Home Energy Assistance, Medicaid or other services, including category 1 Child Care Assistance, please ask for the *New York State Application for Certain Benefits and Services, LDSS-2921*.

By submitting the *Application for Child Care Assistance* instead of the *New York State Application for Certain Benefits and Services, LDSS-2921*, you are applying for Child Care Assistance only in categories 2 and 3, i.e., when funds are available. You are not applying in category 1, guaranteed child care.

APPLYING FOR CHILD CARE ASSISTANCE

- You can file an application the same day you receive it. If you are eligible, benefits may be provided back to the date you filed your application.
- You can file your application in person, by mail, or other electronic means as approved by the Office of Children and Family Services (OCFS).
- We will accept your application if it contains, at a minimum, your name, address, and a signature. However, the application must be completed for us to determine your eligibility.

HOW TO COMPLETE THE APPLICATION

- COMPLETE each section not listed as optional.
- Please PRINT clearly.
- DO NOT PRINT IN THE SHADED AREAS.
- If you are applying as someone's representative, please print information about that person.

WHERE TO TURN IN THE APPLICATION

- The LSSD of the county that you live in.

Make sure you have been given 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 contain important information about your rights and responsibilities.

IF YOU WANT TO WITHDRAW YOUR APPLICATION

- Submit a signed, written request to the LSSD where you applied. You may reapply anytime.

PAGE 1 OF THE APPLICATION

SECTION 1. APPLICANT'S INFORMATION

- **NAME:**
PRINT your legal name, including your first name, middle initial, and last name. Include any aliases or maiden names.
- **PHONE NUMBER:**
PRINT your phone number, including area code.
- **STREET ADDRESS:**
PRINT the full street address, including apartment, city, state, and zip code, where you **now** live.
- **MAILING ADDRESS:**
If you get your mail somewhere other than where you live, PRINT that address here.
- **FORMER ADDRESS:**
If you have moved in the last year, PRINT your previous address(es). If you need more space, use section 10 on page 4 or attach additional sheets of paper as needed.
- **OTHER PHONE NUMBERS:**
If you can be reached at another phone number, PRINT that phone number here.
- **MARITAL STATUS:**
Check the box that describes your current legal marital status.
- **PRIMARY LANGUAGE:**
What language is spoken most often in your household? Check the box that applies. If "other," PRINT the name of the language.
- **EMAIL:**
If you can be reached by email, PRINT your email address.

SECTION 2. HOUSEHOLD MEMBER INFORMATION

LIST THE NAMES OF EVERYONE WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU.

- **NAME:**
PRINT your name first, then the names of the other people who live with you. Include aliases and maiden names.
- **DATE OF BIRTH:**
PRINT each person's date of birth.
- **SEX AND GENDER IDENTITY**
New York State ensures your right to access state benefits and/or services regardless of sex, gender identity, or expression. Please report the required information regarding your sex and the sex of all household members as male or female, consistent with the sex designation currently on file with the United States Social Security Administration. Gender identity is how you perceive yourself and what you call yourself. Your gender identity can be the same as or different from your sex assigned at birth. Although reporting your sex is necessary, gender identity is not a requirement for this application. If you choose to enter your gender identity, only identify your own and not the other members of your household. If your gender identity is different than the sex you reported and you would like to provide your gender identity, print "Male," "Female," "Non-Binary," "X," "Transgender," or "Different Identity" in the space provided. If you print "Different Identity," you may choose to describe your gender identity further in the space provided. Providing information regarding your gender identity is voluntary and will not affect the eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.
- **RELATIONSHIP:**
PRINT each person's relationship to you (for example: spouse, biological child, foster child, friend, significant other, roomer, boarder, etc.).

FOR EVERY PERSON LISTED ON THE APPLICATION, COMPLETE THE FOLLOWING:

Those considered for the application are the children in need of care, their parents (including stepparents) and siblings under the age of 18 in the household.

- **SOCIAL SECURITY NUMBER:**
You may, but do not have to, list Social Security numbers. Social Security numbers may be used by federal, state, and local agencies to prevent duplication of services, prevent and detect fraud, and for federal reporting.
- **HISPANIC/LATINX:**
Enter Y (Yes) or N (No) to indicate if each person applying is Hispanic or Latinx or not.
Providing ethnicity information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.

SECTION 2. HOUSEHOLD MEMBER INFORMATION continued

• **RACE:**

Enter Y (Yes) or N (No) for each of the following race codes.

I - Native American or Alaskan Native, **A** - Asian, **B** - Black or African American, **P** - Native Hawaiian or Pacific Islander, **W** - White

Providing race information is voluntary and will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.

• **CHILD CARE NEEDS:**

Enter Y (Yes) or N (No) to tell us whether each child needs child care.

FOR EVERY CHILD IN THE HOUSEHOLD WHO NEEDS CHILD CARE, ALSO ANSWER YES OR NO FOR THE FOLLOWING:

• **CHILD IS U.S. CITIZEN/
NATIONAL/HAS
SATISFACTORY
IMMIGRATION STATUS:**

Enter Y (Yes) or N (No) to tell us whether each child who needs Child Care Assistance is a *United States citizen, United States national, or person with satisfactory immigration status*. The citizenship or immigration status of the child's parent or other household members will not affect your eligibility for Child Care Assistance or the amount of assistance that you will be given by this agency.

• **CHILD WITH SPECIAL
NEEDS:**

Enter Y (Yes) or N (No) to tell us whether each child has special needs or not. A child with special needs means a child who is incapable of caring for himself or herself and who has been diagnosed by a physician, licensed or certified psychologist or other professional with the appropriate credentials to make such a diagnosis, as having one or more of the following conditions to such a degree that special education or related services are required, in accordance with section 602 of the Individuals with Disabilities Education Act (20 U.S.C. 1401), part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.), and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794)

- deafness or other hearing impairment
- speech or language impairment
- visual impairment
- emotional disturbance
- orthopedic impairment
- autism
- deaf blindness
- traumatic brain injury
- other health impairment
- learning disability
- intellectual disability
- health impairment
- multiple disabilities

- **BOTH PARENTS IN HOME:** Enter Y (Yes) or N (No) to tell us whether both parents of each child live in the household (enter Y/N for each child).

PAGE 2 OF THE APPLICATION

SECTION 3. OTHER HOUSEHOLD INFORMATION

The questions in the section apply to the applicant **AND** any other adult household members who are applying for Child Care Assistance with you — that means a spouse who lives with you, an adult who lives with you and with whom you have at least one child in common, or a parent who is considered temporarily absent from the household, who are required to contribute to the needs of the household.

CHECK YES OR NO FOR EACH OF THE FOLLOWING:

- **CHILD CARE FOR WORK:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care so that you can work.

PAGE 2 OF THE APPLICATION CONT.

- **CHILD CARE FOR OTHER REASON:** Check (✓) Yes or No to tell us whether you and/or the second applicant need child care for a reason other than work. If yes, what is the reason?

- **HOMELESS:** Check (✓) Yes or No to tell us whether your family has a fixed, regular, adequate place to stay at night.

- **MILITARY:** Check (✓) Yes or No to tell us whether a parent in the household is on active duty, serving full-time in the U.S. Military.

- **MILITARY RESERVE:** Check (✓) Yes or No to tell us whether a parent in the household is a member of a National Guard or Military Reserve unit.

- **PUBLIC ASSISTANCE:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for Public Assistance (PA).

- **OTHER CHILD CARE FUNDS:** Check (✓) Yes or No to tell us whether you and/or the second applicant are receiving or applying for other help paying for child care.

- **PREGNANT:** Check (✓) Yes or No to tell us whether you and/or the second applicant are pregnant. If yes, what is the due date?

SECTION 4. ABSENT PARENT INFORMATION

- **PRINT** the names of children under the age of 19 for whom you are applying for Child Care Assistance and whose parent does not live in your household.
- **PRINT** the names and addresses of the absent parents, such as a non-custodial parent.
- **CHECK** (✓) Yes or No to tell us whether the absent parent is available to provide child care. If they are not available, tell us the reason (such as, working, rehab, jail, court order etc.).
- **CHECK** (✓) Yes or No to tell us whether there is a court order, visitation agreement, or any other circumstances that exist that would indicate that it would not be in the best interests of the child or the custodial parent to have the non-custodial parent provide child supervision at the needed time.

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

- **EMPLOYER INFORMATION:** **PRINT** the name, address, and phone number of where you work.
- **JOB INFORMATION:** Complete this section about your job: When did you start? If you are paid per hour, how much is your hourly wage? Does your schedule vary? Do you work overtime? What is your schedule?

SECTION 6. OTHER EMPLOYMENT INFORMATION

- **WHOSE JOB INFORMATION?** Indicate whether the employment information here is for the applicant's second job or the spouse's job (if they live in the household) or the other parent's job (if the other parent lives in the household).
- **EMPLOYER INFORMATION:** **PRINT** the name, address, and phone number of the job.
- **JOB INFORMATION:** Complete this section about the job: When did the job start? Does the schedule vary? Does the job require overtime? What is the schedule?

PAGE 3 OF THE APPLICATION**SECTION 7. INCOME INFORMATION**

- Check (✓) Yes or No for yourself and anyone who lives with you for each kind of income.
- For each "Yes" answer, **PRINT** the dollar (\$) amount or value, how often it is received, and the name of the person who receives the income.
- **All income for all household members must be reported on the application.**

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE LOCATION AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY

- **DROP-OFF TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from the child care provider to work, an educational or other approved activity after dropping the child off for care. Check Yes or No to indicate whether public transportation is used.
- **PICKUP TRAVEL TIME** Indicate how long (hours and minutes) it takes to travel from work, an educational or other approved activity to the child care provider for pickup. Check Yes or No to indicate whether public transportation is used.

PAGE 3 OF THE APPLICATION continued**SECTION 9. CHILD CARE PROVIDER INFORMATION**

- **PRINT** the names and addresses of all child care providers that you are currently using or plan to use for each child in child care.
- **CHECK (✓)** Yes or No to tell us whether the child(ren) are already enrolled with the provider.

SECTION 10. CHILD'S SCHOOL INFORMATION

- **PRINT** the names and addresses of all schools that your children attend for each child in child care.
- **Indicate** the hours of operation for the school program that the child attends. For example, 8:45 a.m. to 2:45 p.m. Do not include the hours that the child attends an after-school child care program, even if that program is run in the school.

PAGE 4 OF THE APPLICATION**SECTION 11. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW**

READ THIS SECTION CAREFULLY or have someone read it to you. This section contains important information about your rights and responsibilities relative to receiving assistance. By signing and submitting an application, you indicate that you understand and agree to the statements in this section.

SECTION 12. CERTIFICATION AND SIGNATURE

- **SIGNATURE:** SIGN your name and date. *If you have filled out the application for someone else, sign your own name.* If submitting the form by other electronic means as approved by OCFS, an electronic signature (e-signature) is acceptable.
- **SECOND APPLICANT'S SIGNATURE:** If your spouse lives with you, both of you must sign the application. If an adult with whom you have at least one child in common lives with you, both of you must sign the application.

NOTE: The last page of the *Application for Child Care Assistance* is an application to register to vote. If you would like help filling out the voter registration application form, ask your eligibility examiner. Applying to register or declining to register to vote will not affect your eligibility for child care assistance or the amount of assistance that you will be given by this agency.

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

APPLICATION FOR CHILD CARE ASSISTANCE

ATTENTION: This application is used to apply ONLY for Category 2 or 3 Child Care Assistance. To apply for Public Assistance or other benefits, including Category 1 Child Care Assistance, you must use the *New York State Application for Certain Benefits and Services (LDSS-2921)*.

CASE NAME	CASE #	REGISTRY #	OFFICE	UNIT	WORKER	APP DATE / /
DISTRICT:	CASE TYPE: 40	Services Transaction Type: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert.	Disposition: <input type="checkbox"/> Denial <input type="checkbox"/> Reason Code			<input type="checkbox"/> Withdrawal

SECTION 1. APPLICANT'S INFORMATION

FIRST NAME	M.I.	LAST NAME (Please include any ALIASES or MAIDEN names in parentheses.)		PHONE NUMBER () -
STREET ADDRESS	APT NO.	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT NO.	CITY	STATE	ZIP CODE
FORMER ADDRESS (IN PAST YEAR)	OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED			
Marital status? <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
Primary language? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify)	Email (optional):			

SECTION 2. LIST EVERYBODY WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU. LIST YOURSELF ON THE FIRST LINE.

LN	First Name, Middle Initial, Last Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM-DD-YY)	SEX (M/F)	RELATIONSHIP TO YOU	Gender Identity Optional: Male, Female, Non-Binary, X, Transgender, Different Identity [Please describe]	SOCIAL SECURITY NUMBER (SSN) Optional	Enter Y (Yes) or N (No) if Hispanic or Latinx (Optional)	Enter Y (Yes) or N (No) for each Race (Optional)	Does this child need child care? (Y/N)	FOR EACH CHILD in need of child care, answer Yes/No Child is U.S. Citizen/National or Has Satisfactory Immigration Status?	Does child have special needs?	Do both parents reside in the home?			
							H	I	A	B	P	W			
1				SELF											
2															
3															
4															
5															
6															
7															
8															

* Racial Affiliation Codes: I – Native American or Alaskan Native, A – Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White

You may use additional pages if you need more room or there is other information that you think we might need.

SECTION 3. OTHER HOUSEHOLD INFORMATION

DO ANY OF THESE APPLY TO YOU OR YOUR SPOUSE/OTHER PARENT IF THEY LIVE IN THE HOME?

<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care to work.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Need child care for another reason. Give reason:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Homeless (no fixed, regular, and adequate place to stay at night).
<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is on active duty (serving full-time) in the U.S. Military.
<input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is a member of a National Guard or Military Reserve unit.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for Public Assistance through a different application.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Receiving or applying for other child care funding. Agency Name:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Pregnant. Due date: / /

SECTION 4. ABSENT PARENT INFORMATION. List children in need of child care whose parent does not live in the household.

NAMES OF CHILDREN UNDER 19	ABSENT PARENT'S NAME AND ADDRESS	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	

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

EMPLOYER'S NAME	WORK PHONE () - /	START DATE OF JOB / /
EMPLOYER'S ADDRESS	CITY	STATE ZIP CODE

Does the job have rotating or variable shifts?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the job require overtime (O/T)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Hourly Wage: \$	What is a typical work schedule?	SUNDAY FROM TO	MONDAY FROM TO
		TUESDAY FROM TO	WEDNESDAY FROM TO
		THURSDAY FROM TO	FRIDAY FROM TO
		SATURDAY FROM TO	

SECTION 6. OTHER EMPLOYMENT INFORMATION. Use this section for an applicant's second job or a spouse's/other parent's job (if they live in the home).

Whose job information (check one)? <input type="checkbox"/> Applicant's job <input type="checkbox"/> Spouse's job <input type="checkbox"/> Other Parent's job		EMPLOYER'S NAME	WORK PHONE () - /	START DATE OF JOB / /
EMPLOYER'S ADDRESS		CITY	STATE	ZIP CODE
Does the job have rotating or variable shifts?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Does the job require overtime (O/T)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Hourly Wage: \$	What is a typical work schedule?	SUNDAY FROM TO	MONDAY FROM TO	TUESDAY FROM TO
		WEDNESDAY FROM TO	THURSDAY FROM TO	FRIDAY FROM TO
		SATURDAY FROM TO		

SECTION 7. INCOME INFORMATION

Indicate if you or anyone who is applying with you receives money from:	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 (NYS, VA, 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"/>						

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE PROVIDER AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY.

DROP-OFF	Travel time from the child care provider to work/activity?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO
PICKUP	Travel time from work/activity to the child care provider?	Public Transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 9. CHILD CARE PROVIDER INFORMATION

PROVIDER NAME AND ADDRESS	NAMES OF CHILDREN	ALREADY ENROLLED?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 10. CHILD'S SCHOOL INFORMATION. List all children enrolled in school

SCHOOL NAME AND ADDRESS	NAMES OF CHILDREN	ATTENDANCE HOURS	
		START TIME	END TIME

SECTION 11. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.

CHANGE REPORTING – I understand that by signing this application form I agree to inform the agency **immediately** of any change in my needs, income, living arrangement, or address to the best of my knowledge or belief. I agree to inform the agency immediately of any change in child care arrangements, including where child care is provided, who is providing care, provider's fees, and hours for which child care is needed.

JURISDICTION – I understand that if I move out of the originating district that authorized my Child Care Assistance eligibility, the information about myself, my child(ren), and any other persons residing in my household, may be disclosed to any local district I move to within New York State. By signing this application, I authorize the release of the information in my child care case file to the new district that I move to, for my continued eligibility.

PENALTIES – Federal and state laws provide for penalties, including fines, imprisonment, or both if you do not tell the truth when you apply for Child Care Assistance or when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone, for whom you have applied, to obtain or continue to receive Child Care Assistance. If you are the authorized representative applying on behalf of someone else, Child Care Assistance must be used for that person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

CITIZENSHIP – By signing this application, I swear and/or affirm that all the children needing Child Care Assistance are United States citizens or nationals, or persons with satisfactory immigration status. I understand that this information will only be shared to make decisions about the Child Care Assistance Program, and that the United States Citizenship and Immigration Services may be contacted if more information is needed to verify the children's status.

CONSENT FOR INVESTIGATION – I understand that by signing this application form, I agree to cooperate fully with any investigation to verify or confirm the information I have given or any other investigation in connection with my request for Child Care Assistance. I will provide additional information if it is requested.

RESOURCES – I certify that my family resources do not exceed \$1,000,000. Resources include, but are not limited to, cash, bank accounts, real estate, stocks, bonds, mutual funds, IRAs, 401(k) accounts, life insurance, trust accounts, annuities, burial funds/spaces.

NON-DISCRIMINATION – This application will be considered without regard to race, color, sex, gender identity, sexual orientation, disability, religious creed, national origin, political belief, or any other factors prohibited by law.

SECTION 12. CERTIFICATION AND SIGNATURE

CERTIFICATION: I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to the local social services district relating to Child Care Assistance is correct. I have read and understand the notices above. I understand and agree to the consents.

APPLICANT'S/REPRESENTATIVE'S SIGNATURE X	DATE SIGNED / /	SECOND APPLICANT'S/REPRESENTATIVE'S SIGNATURE X	DATE SIGNED / /
PRINT NAME:		PRINT NAME:	

**RETURN YOUR APPLICATION TO:
THE LOCAL SOCIAL SERVICES DISTRICT (LSSD)
OF THE COUNTY THAT YOU LIVE IN.**

FOR AGENCY USE ONLY.									
CASE NAME	CASE #	REGISTRY #	VERSION #	REUSE INDICATOR	DISTRICT CASE TYPE	DATE			
SERVICES TRANS TYPE: <input type="checkbox"/> New Open <input type="checkbox"/> Reopen <input type="checkbox"/> Recert	ELIGIBILITY DETERMINED BY		DATE	Disposition: <input type="checkbox"/> Denial <input type="checkbox"/> Reason Code	ELIGIBILITY APPROVED BY		DATE		
CHILD CARE AUTHORIZATION FROM DATE	CHILD CARE AUTHORIZATION TO DATE	COMMENTS:							
L1 CIN:	L4 CIN:	L7 CIN:							
L2 CIN:	L5 CIN:	L8 CIN:							
L6 CIN:	L9 CIN:								



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 to have decided not to register to vote at this time.

Signature

Date

Please Print Name

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.

যদিআপনিএইফর্মটিইংরেজীতেপেতেচানতাহলে 1-800-367-8683

নম্বরে ফোন করুন

VOTER REGISTRATION APPLICATION (instructions on back)

☐ Yes, 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 18 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					
	Last Name			First Name			Middle Initial	Suffix			
3	Address where you live (do not give P.O. box)						Apt. No.	City/Town/Village	Zip Code	County	
4	Address where you get your mail (if different than above)						P.O. Box, Star Route, etc.	Post Office	Zip Code		
5	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 ----- <input type="checkbox"/> I do not have a New York State DMV or 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 _____ <input type="checkbox"/> I do not wish to enroll in any political party and wish to be an independent voter <input type="checkbox"/> No party						<ul style="list-style-type: none"> I am a citizen of the United States. I will have lived in the county, city or village for at least 30 days before the election. I will meet all requirements to register to vote in New York State. This is my signature or mark on the line below. 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		
Apt Number	City/Town/Village	Zip Code
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

Important!

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.

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, paycheck, 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.
