



STATE OF NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT
CHILD CARE ASSISTANCE APPLICATION

Date (MM/DD/YYYY) _____

SECTION I - Participant Information

Your Name: <i>(First Name MI Last Name)</i>		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Physical Address <i>Line 1</i> <i>Line 2</i> <i>City, State Zipcode</i>		Mailing Address <i>Line 1</i> <i>Line 2</i> <i>City, State Zipcode</i>	
Primary Phone	Secondary Phone	Language Preference:	Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Are you or your spouse currently in the Military? <input type="checkbox"/> No <input type="checkbox"/> Yes, Active Duty <input type="checkbox"/> Yes, National Guard or Reserve	
What activities are your household members participating in? <input type="checkbox"/> Working <input type="checkbox"/> School <input type="checkbox"/> TANF Approved Activity <input type="checkbox"/> Training Program			

SECTION II - Verifications

Have you ever received Child Care Assistance in New Mexico?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where?
Have you ever received services under a different name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Names Used?

SECTION III - List Persons living in the household, including yourself, parent/guardians and all children under the age of 18 for whom you are responsible

Household Member	Race*	Hispanic? Y/N	Social Security Number (Optional)	Birth Date MM/DD/YYYY	Gender M/F	Relationship to you?	Does child have a disability? Y/N

* Race Types: 1. American Indian or Alaskan Native 2. Asian 3. Black or African 4. Native Hawaiian or Pacific Islander 5. White 6. Other (please specify)

SECTION IV - Unearned Income and Employment Information

Does your family's assets exceed \$1,000,000 (one million dollars)? Yes No

Are you receiving any of the following:

<input type="checkbox"/> TANF and/or government assistance (VISTA, AmeriCorp, etc.)	<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Child Support	<input type="checkbox"/> Cash / Stipends / Gifts / Other	<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Unemployment Compensation Benefits
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Work/Education Requirements - Work (W), Education (E)

Name	Activity	Employer or Education Institute (Name, Address, Phone#)

SECTION V - Your Rights and Responsibilities

Please: (1) read each section carefully; (2) make sure you understand each statement; (3) ask for clarification of any questions; and (4) sign and date at the bottom.

AGREEMENT TO PROVIDE INFORMATION I agree to provide information needed to determine eligibility for benefits for myself and others for whom I am applying. I understand that my social security number is not required to receive benefits. I understand that I have to prove my eligibility and agree to do this. I give my permission to the New Mexico Children, Youth and Families Department (CYFD) to contact persons or agencies who have knowledge of my circumstances to obtain needed information which I may not be able to give or verify. I understand that all information given to CYFD is confidential and is restricted to CYFD employees who need it for the administration of programs for which I have applied and that this information will be used solely for the purpose of establishing eligibility, amount of benefits, or for providing services. I further understand that confidential information may be released to other agencies involved in the administration of federally assisted programs that provide income supplemental benefits.

RESPONSIBILITY TO REPORT CHANGES

I understand that the information which I have provided in this application is the basis for determining my eligibility for assistance. I understand that I must report any changes that affect the need for care, which include but are not limited to, any non-temporary change in activity, or household members moving in or out, within five (5) business days of the change.

RESPONSIBILITY FOR CO-PAYMENT

I understand that the New Mexico Children, Youth and Families Department will make payment or partial payment on my behalf for the care of the child(ren) named herein, at the approved CYFD rate, subject to applicable federal regulations, and the rules and regulations established by the Department. I understand that I am required to pay my provider the co-payment established in the Child Care Placement Agreement for the child care provided as well as gross receipts tax if the provider chooses to pass the charge onto me.

VERIFICATION

I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that a CYFD representative may call or visit my home and may contact other people in order to verify my eligibility for benefits. I also understand that information I give will be subject to verification by federal, state and local officials, through computer cross-matching with other agencies, and through the state Income and Eligibility Verification System. I understand that if what I have reported is found to be incorrect, my child care benefits may be denied or terminated and I may be subject to criminal prosecution for knowingly providing incorrect information.

FRAUD PENALTIES

I understand that I will be subject to prosecution for fraud if I knowingly give false, incorrect, or incomplete information in order to obtain, try to obtain, help someone else obtain or help someone else try to obtain child care assistance. I understand that not providing a social security number or providing a false social security does not constitute fraud for child care assistance purposes. I further understand that I will be required to repay any benefits received improperly.

FAIR HEARINGS

You or your representative may request a Fair Hearing if you do not agree with any decision made on any matter concerning your case. The request for a Fair Hearing must be made in writing within 30 days from the date that the Department took action affecting your benefits. Please mail request to CYFD-Early Childhood Services, PO Drawer 5160, Santa Fe, NM 87502. You have the right to examine, prior to the hearing, your case record and documents used in the determination of the appealed action. You may elect to continue receiving benefits pending the outcome of the Fair Hearing. However, if the decision is not in your favor, you will be required to repay this money unless the hearing decision or Division Director authorizes otherwise. For free legal services, contact NM Legal Aid toll free at 1-833-545-4357.

CIVIL RIGHTS STATEMENT

I understand that it is unlawful to discriminate against any applicant or recipient of any program administered by CYFD due to race, color, sex, age, religious creed, national origin, handicap or political beliefs. Complaints of discrimination may be filed with CYFD's central office, the U.S. Department of Justice, or the Civil Rights Commission in Washington, D.C.

I understand that my signature below verifies that I have read the complete "Rights and Responsibilities" section and that I understand my rights and responsibilities as a client.

Sign: _____

Date: _____

SECTION VI - Register to Vote

IF YOU are NOT registered to vote where you live now, **Would you like to register to vote here today?** (Please check one) YES NO
IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

The NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you would like to help in filling out a 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.

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.

Signature: _____ Date: _____

CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential. **IF YOU BELIEVE THAT SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or 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 the Office of the Secretary of State, 419 State Capital, Santa Fe, NM, 87503, (phone: 1-800-477-3632).**

SECTION VII - Office Use Only

Child Care Assistance Application is	Intake <input type="checkbox"/>	Re-Certification <input type="checkbox"/>	Other <input type="checkbox"/> _____	Total Monthly	\$
Comments:					
Case Work				Date	
Child Care Assistance	Pending <input type="checkbox"/>	Complete <input type="checkbox"/>	Invalid <input type="checkbox"/>		

New Mexico Children, Youth & Families Department
 Early Childhood Services
 Child Care Service Bureau

Child Care Assistance Income Guidelines
 April 2019 through March 2020

Household Size	Annual Poverty Level	100% FPL Monthly	150% FPL Monthly	200% FPL Monthly
2	\$16,910.00	\$1,409.17	\$2,113.75	\$2,818.33
3	\$21,330.00	\$1,777.50	\$2,666.25	\$3,555.00
4	\$25,750.00	\$2,145.83	\$3,218.75	\$4,291.67
5	\$30,170.00	\$2,514.17	\$3,771.25	\$5,028.33
6	\$34,590.00	\$2,882.50	\$4,323.75	\$5,765.00
7	\$39,010.00	\$3,250.83	\$4,876.25	\$6,501.67
8	\$43,430.00	\$3,619.17	\$5,428.75	\$7,238.33
9	\$47,850.00	\$3,987.50	\$5,981.25	\$7,975.00
10	\$52,270.00	\$4,355.83	\$6,533.75	\$8,711.67
11	\$56,690.00	\$4,724.17	\$7,086.25	\$9,448.33
12	\$61,110.00	\$5,092.50	\$7,638.75	\$10,185.00
13	\$65,530.00	\$5,460.83	\$8,191.25	\$10,921.67
14	\$69,950.00	\$5,829.17	\$8,743.75	\$11,658.33
15	\$74,370.00	\$6,197.50	\$9,296.25	\$12,395.00
For Each Additional Family Member add	\$4,420.00	\$368.33	\$552.50	\$736.67

<https://aspe.hhs.gov/poverty-guidelines>