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

Date Received:

Si necesita esta applicacion en Español digale a la recepcionista. Applications are processed within 10 days of receiving the completed form and required verification. Please answer all questions completely using a black or blue pen. Please print legibly.

SECTION I - Participant Information

Your Name	◯ Single ◯ Married ◯ Divorced ◯ Separated
Physical Address /No. & Street	Mailing Address/PO Box
City State Zip Code	City State Zip Code
Primary Phone: | Secondary Phone: ( ) -	Language Preference | Homeless: ◯ Yes ◯ No
Email address:	Are you or your spouse currently in the Military? ◯ No ◯ Yes, Active Duty ◯ Yes, Guard/Reserve

Why do you need child care? ☐ **Working** ☐ **Going to School** ☐ **Work Experience** ☐ **Training Program**

SECTION II - Verifications

Have you ever received childcare assistance in New Mexico?	YES ☐ NO ☐	Where?
Have you ever received services under a different name?	YES ☐ NO ☐	Names used?

SECTION III - List persons living in the household including yourself, adult members, all children under the age of 18 for whom you are responsible.

Household Members:	Race (see table below)	Hispanic (Yes or No)	(Optional) Social Security Number	Birth Date MM/DD/YY	Gender M/F	Relationship to You	Does child have a Disability? Yes/No

Race Types and Codes:

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

SECTION IV - Unearned Income and Employment Information

Are you receiving any of the following:			**Name of Person Working**	**Employers Name, Address & Phone Number**
TANF and/or government assistance(ex. VISTA, AmeriCorp, etc.)	☐ YES	☐ NO		
Food Stamps/SNAP	☐ YES	☐ NO		
Child Support	☐ YES	☐ NO		
Cash/Stipends/Gifts/Other	☐ YES	☐ NO		
Social Security Benefits/Supplemental Security Income **(Disability)**	☐ YES	☐ NO		
Unemployment Compensation Benefits	☐ YES	☐ NO		
Housing Voucher(HUD)	☐ YES	☐ NO		
Does your family's assets exceed $1,000,000?	☐ YES	☐ NO		

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 the 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

I understand that I, or my representative, may request a Fair Hearing if I do not agree with any decision made on any matter concerning my case and that the request for a Fair Hearing must be made in writing within 30 days from the date that the Department took action affecting my benefits. I understand that I have the right to examine, prior to the hearing, my case record and documents used in the determination of the appealed action. If I elect to continue receiving benefits pending the outcome of the Fair Hearing, I may be required to repay this money if the decision is not in my favor unless the Hearing Officer or Division Director authorize otherwise.

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 - Office Use Only

Child Care Application is an: **Intake** ☐ **Re-Certification** ☐ **WPA** ☐ **Other** ☐ ____________

Total Monthly Average for Self Employment
Gross Income-Total Expenses=Net Income

Total Income $ __________

Comments:

Case Worker Signature ______________ **Date** ________ **Child Care Application is:** **Approved** ☐ **Denied** ☐ __________