

**ST. LAWRENCE COUNTY DEPARTMENT OF SOCIAL SERVICES**  
**APPLICATION FOR CHILD CARE SERVICES: INSTRUCTIONS AND CHECKLIST**

Dear Applicant,

Enclosed please find an application and accompanying required documents for child care assistance through St. Lawrence County Department of Social Services. This information is required for an original application and also for recertification of an existing case. To ensure a timely decision, please be sure to fully complete the application packet and include all supporting documentation. Below is a checklist to use to ensure that you have met all application requirements:

**APPLICATION:**

- Section 1:** Enter name, address, phone number and mailing address if different from residential address.
- Section 2:** Please check any applicable boxes that pertain to your situation.
- Section 3:** Complete this section for your current situation.
- Section 4:** Complete to the best of your ability for **ALL** household members, regardless of their relation.
- Section 5:** List all children who need child care, whose parent does not live in the home. Any parent listed in this section would need an Absent Parent Information Form filled out.
- Section 6:** Complete this section with information for the **Applicant**. Please provide your typical schedule. If you are attending school/training, a statement of your class schedule, program enrolled in, and tentative graduation date will need to be submitted to the agency.
- Section 7:** Complete this section for all other adults applying with you.
- Section 8:** Provide **ALL** income that the household receives. Verification will need to be submitted. Foster parent households need only submit one current paystub per adult to show need of care.
- Section 9:** Please read the Consents and Notices in its entirety.
- Section 10:** The application ***is not considered complete and submitted unless it is signed and dated***. Please also make sure to check the box that you attest that information provided is correct and complete.

**ACCOMPANYING DOCUMENTS:**

- Occupancy Statement:** Acts as verification of your residency in St. Lawrence County. Must be completed by a non-relative whom is not a member of your household.
- Absent Parent Information Form:** This form is needed to verify child support and custody/visitation for any children in the home.
- Provider Information Form:** This form is needed to verify your current provider and travel time.

**REQUIRED VERIFICATION:**

- Income:**
  - Wages:** Include a minimum of 4 weeks of most recent paystubs (can provide 3 months if pay varies) or a letter from your employer with an original signature indicating the start date, rate of pay and typical hours worked.
  - Social Security:** Send proof of SSI or SSA payments (the most recent letter received from Social Security is ideal verification).
  - Child Support/Alimony Payments:** Send a copy of a court order or a signed statement from yourself and preferably former spouse/companion, if available. If you aren't receiving child support, please indicate on the supplied form included in the application.
  - Unemployment Insurance Benefits:** Send a print-out from the Department of Labor website with your most recent payments.
- Identification:**
  - All household members must submit at least 1 form of identification. Ex: birth certificates, driver's license, passport. Please reach out to the local office for further questions on acceptable identification.**

- **Additional Required Information:** Examiners may require additional documents for ambiguous information.

**RETURN COMPLETED APPLICATIONS TO:**

St. Lawrence County DSS  
ATTN: Child Care Unit  
6 Judson St.  
Canton, NY 13617

**For any questions concerning the application, please contact the CCAP Unit at (315) 379-2285.**

**IMPORTANT NOTES REGARDING CHILD CARE SERVICES:**

1. The department has 30 days from the date the application is received and date stamped to process the application. If you have not provided all required documentation within this time frame, your application will be denied. If you are unable to obtain the information within the time frame given, it is your responsibility to contact the unit.
2. If your chosen provider is not registered/enrolled with the St. Lawrence Child Care Council, there will be no reimbursement from the agency for the care they provide. If your provider needs to become enrolled, or if you have any questions relating to the enrollment of a provider, please contact the Child Care Council at (315) 393-6474. **You and your provider** are responsible for ensuring that your provider is registered/enrolled.
3. Eligibility for Child Care Services is based on programmatic and financial eligibility. The current poverty levels, which financial eligibility is based upon, are enclosed in this package. Programmatic eligibility is based on your case type, but generally each parent/guardian in the household needs to be working, attending college/training/school or be engaged in an activity required by the Temporary Assistance Unit. Additional information regarding current poverty levels, market rates and day care regulations can be found at: [www.ocfs.ny.gov](http://www.ocfs.ny.gov).
4. Publications LDSS-4148A, LDSS-4148B, and LDSS-4148C (commonly referred to as Books 1,2 &3) are required to be provided to any individual seeking services. These booklets provide important information pertaining to your rights and responsibilities, important questions and answers, and what you should know if you have an emergency.
5. Any questions relating to the application, approval, or payment should be directed to the Child Care Unit. 315-379-2285
6. Any questions relating to enrollment of the provider should be directed to the Child Care Council. 315-393-6474
7. At this time, eligibility is extended up to a **Bachelor's Degree**. Please contact the CCAP unit for further details and/or questions.

**St. Lawrence County Department of Social Services  
Child Care Unit  
Absent Parent Information Form**

Note: Complete ONLY if there is a parent who is NOT in the household. Fill out a separate form for each parent that is absent from the household.

**Applicant/Recipient Name:** \_\_\_\_\_ **Case #** \_\_\_\_\_

Absent Parent's Full Name: \_\_\_\_\_

Absent Parent's Date of Birth: \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(optional)

Absent Parent's Address: \_\_\_\_\_

Name (s) of Absent Parent's Child(ren):

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

Does the absent parent have visitation with the child(ren)?

- No, state why not: \_\_\_\_\_
- Yes, Specify when: \_\_\_\_\_

When was the last time absent parent had contact with child(ren): \_\_\_\_\_

Does the absent parent pay child support?

- No, state why not: \_\_\_\_\_
- Yes, complete the following:
- Voluntary?       By Court Order (attach a copy of the court order)

Total Support Amount:

\$\_\_\_\_\_ Frequency:  Weekly       Biweekly       Monthly  
 Other, Specify: \_\_\_\_\_

Support towards Child Care (if specified in court order):

\$\_\_\_\_\_ Frequency:  Weekly       Biweekly       Monthly  
 Other, Specify: \_\_\_\_\_

Is the absent parent available to provide care for the child(ren)?

Yes, when: \_\_\_\_\_

No, state why not: \_\_\_\_\_

If the absent parent is NOT available to provide child care, you must submit documentation supporting your statement such as:

\*Custody Order                      \*Visitation Agreement                      \*Out of County/State residency

\*Documentation of Disability    \*Verification of Incarceration    \*Relevant domestic violence doc.

\*Absent Parent's work or approved activity schedule (days/hours) verified by employer:

\_\_\_\_\_

**Additional Information:**

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

**ATTESTATION TO ACCURACY OF INFORMATION/LACK OF INFORMATION IF APPLICABLE**

I swear and affirm that the information I have provided herein is true and complete to the best of my knowledge.

I swear and affirm that, although I have attempted to the best of my ability to find, I do not know the following information about the absent parent because: \_\_\_\_\_

(state the reason above and check the applicable boxes below)

Full Name     Address     Phone Number     Date of Birth     Employment information

Other, specify : \_\_\_\_\_

By signing this form, I swear and affirm that my statements herein are true and complete. I understand that Federal and State laws provide for penalties, imprisonment or both if I do not tell the truth about my child(ren)'s absent parent when I apply for or receive benefits or services from the Department of Social Services. Penalties also apply if I conceal or fail to disclose facts about the absent parent.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicant/Recipient Signature)

**St. Lawrence County Department of Social Services**

**Child Care Unit**

**Provider Information Form**

<b>Provider Information:</b>			
Name: Last:	First:	MI:	Suffix:
Business Name:		Date of Birth: / /	
Site Phone:		Email Address:	
Address: Street Number	Street Name:	Apt #:	
City:	State:	Zip Code:	County:
Mailing Address: Street Number:		Street Name/PO Box:	
Same as above <input type="checkbox"/>		Apt #	
City:	State:	Zip Code:	County:

Schedule of Child Care							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Drop-Off Time							
Pickup Time							

Parent/ Guardian Name: \_\_\_\_\_

Children Attending Child Care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Responsible for Drop-Off: \_\_\_\_\_

Travel Time (Provider to Work/Activity) \_\_\_\_\_

Parent Responsible for Pickup: \_\_\_\_\_

Travel Time (to Provider) \_\_\_\_\_

**ST. LAWRENCE COUNTY  
DEPARTMENT OF SOCIAL SERVICES  
DAYCARE UNIT  
6 JUDSON STREET  
CANTON, NY 13617**

**OCCUPANCY STATEMENT**

**THIS FORM MUST BE COMPLETED BY A NON-RELATIVE AND NOT  
RESIDING IN SAME HOUSEHOLD.**

**I hereby certify the following people live at:**

**Address:** \_\_\_\_\_

**List all individuals living in household:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**I am not a relative of the above.**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Street/road/box**

\_\_\_\_\_  
**City/town**

\_\_\_\_\_  
**Phone number**

\_\_\_\_\_  
**Date**