



Return to:  
 Child Care Connection  
 1001 Spruce Street, Suite 201  
 Trenton, NJ 08638  
 609-989-7889

## MERCER COUNTY CHILD CARE VOUCHER PROGRAM APPLICATION

### PART A: APPLICANT/CO-APPLICANT INFORMATION:

1. PARENT/APPLICANT NAME:

SOCIAL SECURITY # (optional)

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (9 Digit Number)

Relationship of Applicant to child(ren):  Father  Mother  Legally Responsible Adult (attach proof of legal custody or guardianship)

2. PARENT/APPLICANT NAME:

SOCIAL SECURITY # (optional)

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (9 Digit Number)

Relationship of Applicant to children:  Father  Mother  Legally Responsible Adult (attach proof of legal custody or guardianship)

3. HOME ADDRESS:

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

4. HOME PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. # OF ADULTS IN FAMILY: \_\_\_\_\_ # OF DEPENDENT CHILDREN IN FAMILY: \_\_\_\_\_ TOTAL FAMILY SIZE: \_\_\_\_\_  
 (Family size includes parent, spouse, dependent children, adults claimed on applicant's or co-applicant's IRS 1040.)

### PART B: FAMILY INCOME INFORMATION:

All sources of income must be included and documented. Wage/Salary income must be documented by attaching **4 WEEKS OF ORIGINAL, CURRENT, and CONSECUTIVE PAY STUBS** for both the applicant and co-applicant. All other income must be supported with copies of documentation.

	Parent/Applicant				Parent/Co-Applicant			
	Weekly	Bi-Weekly	Monthly	Annually	Weekly	Bi-Weekly	Monthly	Annually
Wages and Salary (gross)								
Pension Retirement Supplemental/ Social Security								
Unemployment Workmen's Compensation								
Public Assistance (TANF) Case #: _____								
Child Support Alimony								
Other: (Please Specify)								
<b>Total Gross Income:</b>								

**PART C: WORK/SCHOOL/TRAINING INFORMATION:**

*A current, certified class schedule must be attached as proof of school or training*

	Parent/Applicant	Parent/Co-Applicant
<b>Name of <u>Primary</u>:</b> (check one)  <input type="checkbox"/> Employer <input type="checkbox"/> School <input type="checkbox"/> Training Program	_____  Start Date: ____/____/____  <input type="checkbox"/> FULL TIME      # Hrs./Wk: ____ <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL      # Mos./Yr: ____	_____  Start Date: ____/____/____  <input type="checkbox"/> FULL TIME      # Hrs./Wk: ____ <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL      # Mos./Yr: ____
<b>Address (including street, city, state, zip code)</b>		
<b>Business Telephone Number</b>	(____) _____ - _____ ext. ____	(____) _____ - _____ ext. ____

	Parent/Applicant	Parent/Co-Applicant
<b>Name of <u>Secondary</u>:</b> (check one)  <input type="checkbox"/> Employer <input type="checkbox"/> School <input type="checkbox"/> Training Program	_____  Start Date: ____/____/____  <input type="checkbox"/> FULL TIME      # Hrs./Wk: ____ <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL      # Mos./Yr: ____	_____  Start Date: ____/____/____  <input type="checkbox"/> FULL TIME      # Hrs./Wk: ____ <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL      # Mos./Yr: ____
<b>Address (including street, city, state, zip code)</b>		
<b>Business Telephone Number</b>	(____) _____ - _____ ext. ____	(____) _____ - _____ ext. ____

**PART D: CHILDREN:**

*Please provide information for all dependent children included in your family size. You must **attach a copy of the birth certificate for each child listed.***

CHILD'S NAME			Date of Birth	Social Security Number	Type of Child Care Needed (check all that apply)
Last Name	First Name	Middle Initial			
<b>#1</b> <input type="checkbox"/> male <input type="checkbox"/> female  _____  _____	_____  _____	_____  _____	____/____/____  Age: ____	_____ - ____ - _____	<input type="checkbox"/> Full-day <input type="checkbox"/> Before-school <input type="checkbox"/> After-school <input type="checkbox"/> Summer Camp <input type="checkbox"/> NONE NEEDED
<b>#2</b> <input type="checkbox"/> male <input type="checkbox"/> female  _____  _____	_____  _____	_____  _____	____/____/____  Age: ____	_____ - ____ - _____	<input type="checkbox"/> Full-day <input type="checkbox"/> Before-school <input type="checkbox"/> After-school <input type="checkbox"/> Summer Camp <input type="checkbox"/> NONE NEEDED
<b>#3</b> <input type="checkbox"/> male <input type="checkbox"/> female  _____  _____	_____  _____	_____  _____	____/____/____  Age: ____	_____ - ____ - _____	<input type="checkbox"/> Full-day <input type="checkbox"/> Before-school <input type="checkbox"/> After-school <input type="checkbox"/> Summer Camp <input type="checkbox"/> NONE NEEDED
<b>#4</b> <input type="checkbox"/> male <input type="checkbox"/> female  _____  _____	_____  _____	_____  _____	____/____/____  Age: ____	_____ - ____ - _____	<input type="checkbox"/> Full-day <input type="checkbox"/> Before-school <input type="checkbox"/> After-school <input type="checkbox"/> Summer Camp <input type="checkbox"/> NONE NEEDED
<b>#5</b> <input type="checkbox"/> male <input type="checkbox"/> female  _____  _____	_____  _____	_____  _____	____/____/____  Age: ____	_____ - ____ - _____	<input type="checkbox"/> Full-day <input type="checkbox"/> Before-school <input type="checkbox"/> After-school <input type="checkbox"/> Summer Camp <input type="checkbox"/> NONE NEEDED

**PART E: CERTIFICATION/AUTHORIZATION:**

I (we) hereby certify that my family does not receive state subsidized child care through either New Jersey Cares for Kids (NJCK), Work First New Jersey (WFNJ), Abbott Wrap-Around, or Center Based Contract (CBC Slot).

I (we) hereby certify that all of the information provided is true and correct and authorize Child Care Connection to verify any of the information.

I (we) understand that the information is being given in connection with county funds and authorize county officials to verify this information.

I (we) understand that deliberate misrepresentation will result in denial of my (our) application and may result in legal action.

I (we) understand that approved families will receive funding for one year only (provided funding continues to be available and there are no changes in family circumstances that cause the family to become ineligible for the subsidy).

\_\_\_\_\_  
Signature of Parent/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Co-Applicant

\_\_\_\_\_  
Date

.....  
**REMEMBER TO:**

- Print clearly and answer all questions
- Sign and date the application
- Submit all attachments as required
  - 4 weeks of **original, current & consecutive** pay stubs
  - Current, certified class schedule as proof of school or training (if applicable)
  - Copy of birth certificates for all dependent children
  - Copy of most recent Federal Tax Return Form 1040 (first page only)
  - Complete copy of the most recent Federal Tax Return Form 1040 and Schedule C (if self-employed)
  - Copy of proof of legal custody or guardianship (if applicable)

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**OFFICIAL USE ONLY:**

Family Size: \_\_\_\_\_ Calculated Annual Family Income: \$ \_\_\_\_\_

Check One:  Approved Eligibility Period: FROM: \_\_\_/\_\_\_/\_\_\_ TO \_\_\_/\_\_\_/\_\_\_  
 Denied

Certified by: \_\_\_\_\_  
Signature of Authorized Child Care Connection Staff

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date