

New Jersey Child Care Assistance Program Application Documentation Checklist

Below is a general list of required documents for each section of the Child Care Assistance Program (CCAP) application that must be submitted for initial eligibility consideration. Additional documents may also be required based on program requirements. If you have questions, need assistance filling out the application or to request any DFD-required forms, contact your local CCR&R. Visit www.ChildCareNJ.gov/CCRR for a list by county or call 1-800-332-9227.

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Α.	. APPLICANT & CO-APPLICANT IDENTIFICATION				
	For each applicant/co-applicant, submit one of the documents from Column A. If you are unable to provide from Column A, you may submit two				
	documents from Column B: COLUMN A (PRIMARY DOCUMENTATION) Submit one:	R	COLUMN B (SECONDARY DOCUMENTATION) Submit two:		
	 □ Driver's license □ Government-Issued Photo ID card □ Military photo ID card □ Employer-issued photo ID card □ School photo ID card □ Passport □ Permanent Resident Card (Green Card) 		 ☐ High school diploma, GED or college diploma ☐ Health insurance card or prescription card ☐ Printed paystub ☐ Birth certificate (applicant/co-applicant or child's) ☐ Social Security card 		
R	ADDRESS				
	For each applicant/co-applicant, submit one of the following to verify residence:				
	 ☐ Current rental/lease agreement or mortgage bill ☐ Court decree (if applicable) ☐ School records showing residence ☐ Custody agreement or other court documents for guardianship (if application, you may have up to six months to submit the required palent of the court documents for guardianship (if application, you may have up to six months to submit the required palent of the lack of alternative adequate abandoned in hospitals; Children and youth who have a primary nighttime residence that is accommodation for human beings [within the meaning of section 10] Children and youth who are living in cars, parks, public spaces, abar 	applicable) ing situatio perwork. Si ue to loss o accommod a public or 03(a)(2)(C) andoned bu lementary	☐ Home utility bills ☐ Medical documentation ☐ Vehicle registration/title or NJ driver's license ☐ Most recent filed tax forms showing dependency (For dependents 18+, must provide filed IRS 1040 Form) ns and are unable to provide the necessary documents with your ituations include: of housing, economic hardship, or a similar reason; are living in motels, lations; are living in emergency or transitional shelters; or are private place not designed for, or ordinarily used as, a regular sleeping]; uildings, bus or train stations, or similar settings; and and Secondary Education Act of 1965) who qualify as homeless for the		
C.	: HOUSEHOLD INFORMATION				
	To prove relationship, any of following must be submitted for any child in need of child care services: Child's birth certificate Court decree (if applicable) Custody agreement or other court documents for guardianship (if applicable)				
	For each dependent residing in the home and included in the family size, submit one of the following to verify family size:				
	 ☐ Birth certificate ☐ Court decree (if applicable) ☐ Custody agreement or other court documents for guardianship (if applicable) ☐ Most recent filed tax forms showing dependency (For dependents 18+, must provide filed IRS 1040 Form) 				
	If the dependent is over the age of 18 , submit one of the following documents to verify family size:				
	 ☐ Most recent filed tax forms showing dependency (copy of filed IRS 1040 form) ☐ Health insurance policy showing coverage for the dependent ☐ Records of school enrollment 				



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).	INCOME				
	For each applicant/co-applicant, submit all that apply to verify income:				
	INCOME FROM EMPLOYMENT:	OTHER INCOME OR BENEFITS TO FAMILY UNIT:			
	 Must provide one month of current pay stubs (e.g. 4 weekly, 2 biweekly, etc.); and/or CC-188 Verification of Employment Form (If needed to verify work hours when not reflected in the pay stubs or to verify income when the applicant/coapplicant does not receive pay stubs.) 	Documentation must show the rate and frequency of the income received from the sources below: Pension/retirement documentation Social Security award letter Unemployment/worker's compensation documentation			
[NEW EMPLOYMENT ONLY (If paystubs are not available): ☐ Employer letter on company letterhead (signed/dated). Must include rate of pay, hours worked per week, employer contact information, and first date of employment; or ☐ CC-188 Verification of Employment Form (If approved for CCAP, applicant/co-applicant will be required to follow up with pay stubs if received.)	 ☐ Alimony/spousal support ☐ Veterans/military benefits ☐ Disability benefits ☐ Child support (minimum 6 months of payment/disbursement history) ☐ Any other income required for federal/state tax reporting purposes (Note: If child support or alimony is not court ordered, write the amount you			
	SELF-EMPLOYED ONLY: Submit current IRS tax transcript of Form 1040 along with Schedule C, "Profit or Loss from Business"	receive monthly in Section C of the application)			
	UNABLE TO WORK or INCAPACITATED: CC-10 Statement of Incapacity Form				
Ξ.	WORK/SCHOOL/TRAINING				
	For each applicant/co-applicant, submit one of the following:				
	 WORK: See Section D, "Income from Employment" for acceptable documents to verify hours of work SCHOOL: Course registration or transcript from the school or a CC-189 Verification of School or Training Form if a registration or transcript is not yet available TRAINING PROGRAM: Program registration or transcript from the training program or a CC-189 Verification of School or Training Form if a registration or transcript is not yet available 				
	. CHILD(REN) INFORMATION (for child citizenship status purposes only)				
	For any child in need of care, submit one of the following:				
	U.S. birth certificate				
	Certificate of Citizenship				
	U.S. passport or passport card				
	☐ Social Security card ☐ Permanent Resident Card (Green Card) (USCIS Form I-551)				
	Refugee Travel Document (Form I-571) Electronic version of U.S. Customs and Border Protection Form I-94 (available on the CBP One Mobile App or https://i94.cbp.dhs.gov/194#home)				