

ALBANY COUNTY DEPARTMENT OF SOCIAL SERVICES
CHILD CARE ASSISTANCE QUESTIONNAIRE

Name: _____ Date: _____

Please indicate the reason child care assistance is needed:

Applicant:

Place of employment/school/program: _____

Address of employment/school/program: _____

Phone number: _____

Days of week: _____

Hours of day: from _____ to _____

Transportation time needed to travel from child care to work/school/program
and from work/school/program to child care _____

Other parent in household: (if applicable) Name _____

Place of employment/school/program: _____

Address of employment/school/program: _____

Phone number: _____

Days of week: _____

Hours of day: from _____ to _____

Transportation time needed to travel from child care to work/school/program
and from work/school/program to child care _____

Emergency contact (relative or friend)

Name: _____ Daytime phone # _____

Address: _____

Relationship to you: _____

CHILD CARE ASSISTANCE QUESTIONNAIRE CONTINUED

1. Is either of the natural or adoptive parents sick or disabled? The illness (disability) can be physical or mental. Please circle.

YES NO

If illness or disability is a reason child care is needed, a doctor's statement that child care is needed due to the illness or disability of the parent must be included with the application/recertification.

2. Do you expect any changes in income, child support, employment, address, members of household, educational program, child care arrangement or child care needs, etc. in the next six months? Please circle.

YES NO

If yes, please explain these changes below:

3. If you don't currently have a child care provider – contact the Brightside Up, Inc. at (518) 426-7181 to obtain a Child Care Provider Listing.

4. If you already have a child care provider, please fill out below:

Provider name: _____ Phone number: _____

5. Is your current child care arrangement satisfactory? _____

6. Do you have additional child care needs for any of your children? _____

Please describe additional needs: _____

Case Name: _____

Complete this section for each child that needs care. (Please print clearly)

Child's name: _____
School/grade attending (if applicable): _____
Start and end times of school: _____
Does this child have special needs (circle one): YES NO
If YES, describe: _____

Child's name: _____
School/grade attending (if applicable): _____
Start and end times of school: _____
Does this child have special needs (circle one): YES NO
If YES, describe: _____

Child's name: _____
School/grade attending (if applicable): _____
Start and end times of school: _____
Does this child have special needs (circle one): YES NO
If YES, describe: _____

Child's name: _____
School/grade attending (if applicable): _____
Start and end times of school: _____
Does this child have special needs (circle one): YES NO
If YES, describe: _____

CERTIFICATION

In signing this form, I swear and affirm that the information I have given or have been requested to give to Albany County Department of Social Services as a basis for Child Care benefits is true and correct. I understand that I am responsible for child care that occurs outside of my approved schedule. If I am a Temporary Assistance applicant or recipient, I understand that I can only receive Child Care benefits for activities that have already been approved by my Employment worker.

CONSENT

I understand that by signing this form, I agree to any investigation made by Albany County Department of Social Services to verify or confirm the information I have given or any other investigation made by them in connection with my request for Child Care benefits.

I agree to inform Albany County Department of Social Services immediately of any change in my needs, income, property, living arrangements, address, work or approved activity schedule, or Child Care provider to the best of my knowledge or belief. Failure to do so may result in an overpayment that I will be responsible to pay, a Fraud investigation, and/or Criminal Prosecution.

Signature

Date

Print Name

CHANGES MUST BE REPORTED IMMEDIATELY TO YOUR CHILD CARE ASSISTANCE UNIT CASEWORKER