



Income from Employment and Other Sources

Name: _____

Case Number: _____

Income:

Answer all questions listed below:

| Indicate if you or anyone living with you receives income from: | Yes | No | Gross Amount | Start Date | Period (e.g. weekly, monthly, etc.) | Type of Documentation (e.g., paystubs, Social Security award letter, CS 1069, etc.) | Identify Who Received Income |
|--|-----|----|--------------|------------|-------------------------------------|---|------------------------------|
| Employment/self-employment including overtime, commissions, training programs, tips. | | | | | | | |
| Child Support Payments (received) | | | | | | | |
| Alimony/Support (received) | | | | | | | |
| Unemployment Insurance Benefits | | | | | | | |
| Social Security Benefits (including SSI) | | | | | | | |
| Disability Benefits (NYS, VA, Private) | | | | | | | |
| Rental/Boarders/Lodgers Income (received) | | | | | | | |
| Retirement/Pension/Annuities | | | | | | | |
| Dividends/Interest Stocks, Bonds, Savings | | | | | | | |
| Cash or monetary assistance through Temporary Assistance to Needy | | | | | | | |
| Other (please specify) | | | | | | | |



Employment

Include employment information for applicant below.

Parents'/Caretakers' Employer Name: _____

Address: _____ City/Borough: _____ State: ___ Zip: _____

Regular Work Schedule:

| Times | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total Hours per week |
|-------|--------|--------|---------|-----------|----------|--------|----------|----------------------|
| From | | | | | | | | |
| To | | | | | | | | |

Travel time between child care provider and work/education/other activity

Drop-Off Travel time from child care provider to work/activity: _____ Travel mode: _____

Pick-Up Travel time from work/activity to the child care provider: _____ Travel mode: _____

Include employment information for spouse/other parent/guardian below.

Second Parent's/Caretaker's Employer Name: _____

Address: _____ City/Borough: _____ State: ___ Zip: _____

Regular Work Schedule:

| Times | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total Hours per week |
|-------|--------|--------|---------|-----------|----------|--------|----------|----------------------|
| From | | | | | | | | |
| To | | | | | | | | |

Travel time between child care provider and work/education/other activity

Drop-Off Travel time from child care provider to work/activity: _____ Travel mode: _____

Pick-Up Travel time from work/activity to the child care provider: _____ Travel mode: _____

For Office Use Only:

Authorized days and hours of care:

| Times | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Total Hours per week |
|-------|--------|--------|---------|-----------|----------|--------|----------|----------------------|
| From | | | | | | | | |
| To | | | | | | | | |

ACS Approvals by: Eligibility (print name): _____ Date: _____

Parent Fee (print name): _____ Date: _____

Length of Eligibility From: _____ To: _____ Codes: RFC: _____ PR: _____ FS: _____