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## APPLICATION FOR CHILD CARE SUBSIDY

**Eligibility for Benefits** – The following elements must be verified in order to determine your eligibility for the Child Care Subsidy Program.

- Social Security Numbers for all household members;
- Proof of Citizenship for all children applying for subsidy benefits;
- Identification for all adult household members;
- Purpose of Care – every required adult (and minor parent) is required to be engaged in an approved activity, such as working, seeking employment, attending school or training, participating in Nevada State Division of Welfare and Supportive Services (DWSS) approved activities related to preparation for employment, or other activity authorized by the Child Care Subsidy Program. Verification of this activity must be provided.
- Proof of Nevada residency;
- Proof of all sources of household income;
- Documentation of special need for children over the age of 13 who require child care;
- Immunization records for each child applying for benefits (if under the age of 6 and not in licensed care);
- Proof of relationship to the applicant for all household members;
- Proof of custody may be required;
- Compliance with Child Support Enforcement, if required.

**Selection of a Child Care Provider** – You must also select a child care provider that meets the needs of your family. Parents are encouraged to visit multiple providers prior to making a decision. In order to enroll your children if your family is determined eligible for services, your provider must meet the following guidelines:

- The provider must not be the natural or adoptive parent or guardian to the child, whether or not they live with the child;
- The provider must not live in the same residence as the child;
- The provider must not have their own active child care subsidy case;
- Providers must be enrolled with the Child Care Subsidy Program and in good standing;
- Registered (non-license) providers must meet all eligibility requirements, must submit a completed provider packet; and must participate in required orientation and training in order to receive payment from the program.

**Non-Discrimination** – Any individual may apply for Child Care Subsidy Program benefits for their child. No person shall be discriminated against for any reason (such as race, age, color, religion, sex, disability, political belief or national origin) in any program administered by the DWSS. To file a complaint, please contact the Chief of the Child Care and Development Program located at 1470 College Parkway, Carson City, Nevada 89706. Participants also have the right to request a hearing with the Nevada State Division of Welfare and Supportive Services, and will be provided information on the appeal process any time benefits are reduced, denied or terminated, or upon request by the participant.

**Child Support Information** – The cooperation of the parent/guardian in obtaining financial support for dependent children requesting benefits is an eligibility requirement for receipt of child care subsidy benefits. All applicants, who are not participants of the Nevada DWSS' NEON program, may be required to apply for child support at the local Child Support Enforcement Program (CSEP) office if one or more parent(s) is out of the home. Additionally, after approval, households must remain in compliance with CSEP to maintain child care eligibility. If it is determined that a parent/guardian has failed to cooperate without "good cause," child care benefits will be terminated.

**Important Information** – The Child Care Subsidy Program may send information that requires you to respond by a certain date. You may wish to make arrangements for your mail if you are away. Failure to respond by the due date and/or loss of contact because of failure to report changes in mailing address may result in termination of benefits.

**FILL IN ALL BLANKS FOR EVERYONE WHO CURRENTLY LIVES IN THE HOME WITH YOU, WHETHER YOU CONSIDER THEM HOUSEHOLD MEMBERS OR NOT.** *If you need additional space, please use a second application or separate piece of paper.*

**CODES: Race/Ethnicity:** Please check one of these boxes:  Hispanic/Latino  Non-Hispanic/Latino and enter one of the following ethnicity codes for each household member in the appropriate box below:  
 A – Asian; B – Black or African American; H – Hispanic or Latino; I – American Indian or Alaska Native; N – Native Hawaiian or Pacific Islander; W – White; O – Other

**Marital Status:** S – Single; M – Married; N – Separated; D – Divorced; W – Widowed

**ADULTS:**

Name	Relationship to You	S E X	Date of Birth	State or Country of Birth	Social Security Number	Race/Ethnicity	Marital Status	Highest Grade Completed
	Self							

**CHILDREN (Under the age of 18)**

Name	Relationship to You	S E X	Date of Birth	State or Country of Birth	US Citizen Y/N	Social Security Number	Race/Ethnicity	Special Needs?	Need Child Care?
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address				City		State		Zip	
Mailing Address				City		State		Zip	
Home Phone		Day/Message Phone		E-mail address					

**Has anyone in your household received TANF cash benefits in the previous six (6) months?**  Yes  No

If Yes, name: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

**Is any adult (or minor parent) in your household unable to work and/or attend a training program?**  Yes  No

If Yes, name: \_\_\_\_\_ Reason: \_\_\_\_\_

**Do any of the children listed above have special needs?**  Yes  No

If Yes, name of child: \_\_\_\_\_ Special Need: \_\_\_\_\_

**Is any household member, including a minor child, temporarily out of the home?**  Yes  No

If Yes, name: \_\_\_\_\_ Reason: \_\_\_\_\_ Expected Date of Return: \_\_\_\_\_

**Is anyone in your household pregnant?**  Yes  No

If Yes, name: \_\_\_\_\_ Anticipated Delivery Date: \_\_\_\_\_

**Is anyone currently disqualified from any DWSS program for an intentional program violation (IPV)?**  Yes  No

If Yes, who: \_\_\_\_\_ Program: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Do you expect any other changes within your household within the next six (6) months?**  Yes  No

If Yes, please explain: \_\_\_\_\_

**EMPLOYMENT:** Please list current employer **and** any employer each household member has worked for since your last application for child care subsidy benefits. This includes self-employment, in-kind activities and odd jobs.

Household Member	Start Date	Employer Name Address and Telephone Number	Average Hours/Week	Rate of Pay	How Often Paid	Schedule/Shift
		( )			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission	<b>Schedule:</b> <input type="checkbox"/> Varies <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <b>From:</b> <b>To:</b>
		( )			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission	<b>Schedule:</b> <input type="checkbox"/> Varies <input type="checkbox"/> Thu <input type="checkbox"/> Mon <input type="checkbox"/> Fri <input type="checkbox"/> Tue <input type="checkbox"/> Sat <input type="checkbox"/> Wed <input type="checkbox"/> Sun <b>From:</b> <b>To:</b>

**CHILD SUPPORT:**

Do any of the children in your household have a parent(s) not living in the home?  Yes  No

If Yes, please complete the information below for the non-custodial parent. Attach additional pages, if necessary.

Child's Name	Name and Address of Parent not residing in the Household	Receive Child Support?	Amount	How Often	Received through which medium?
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly	<input type="checkbox"/> D.A.'s Office <input type="checkbox"/> Court Agreement <input type="checkbox"/> Private Agreement

**OTHER HOUSEHOLD INCOME:** Please attach verification of income received in the previous 30 days.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> 01 – TANF                 | <input type="checkbox"/> 08 – Worker’s Compensation              | <input type="checkbox"/> 15 – Tips      | <input type="checkbox"/> 22 – Supplemental Security Income (SSI)  |
| <input type="checkbox"/> 02 – SNAP                 | <input type="checkbox"/> 09 – Temporary Disability Insurance     | <input type="checkbox"/> 16 – Loans     | <input type="checkbox"/> 23 – Social Security Disability Benefits |
| <input type="checkbox"/> 03 – Housing Assistance   | <input type="checkbox"/> 10 – Educational Assistance/Pell Grants | <input type="checkbox"/> 17 – Dividends | <input type="checkbox"/> 24 – Social Security Survivors Benefits  |
| <input type="checkbox"/> 04 – Foster Care Payments | <input type="checkbox"/> 11 – Unemployment                       | <input type="checkbox"/> 18 – Royalties | <input type="checkbox"/> 25 – Social Security Retirement Benefits |
| <input type="checkbox"/> 05 – Veteran’s Benefits   | <input type="checkbox"/> 12 – Contributions to the Household     | <input type="checkbox"/> 19 – Interest  | <input type="checkbox"/> 26 – Pensions/Retirement Trust Income    |
| <input type="checkbox"/> 06 – Lump Sum Payments    | <input type="checkbox"/> 13 – Railroad Retirement                | <input type="checkbox"/> 20 – Winnings  | <input type="checkbox"/> 27 – Adoption Subsidies                  |
| <input type="checkbox"/> 07 – Military Allotments  | <input type="checkbox"/> 14 – Insurance Settlements              | <input type="checkbox"/> 21 – Alimony   |   |

Other: \_\_\_\_\_

Income Type #	Who Receives the Income	Amount	How Often	Income Type #	Who Receives the Income	Amount	How Often

Is anyone paying all or part of your expenses (rent, utilities, child care, etc.) for you?  Yes  No

If Yes, who: \_\_\_\_\_ Amount paid: \_\_\_\_\_ Frequency: \_\_\_\_\_

Are you expected to repay this money?  Yes  No

**TRAINING/EDUCATION:** *If any of the adults in the household are students participating in a training program or attending school, please complete the following. In addition, please provide verification of your schedule.*

Student Name	Training Site/School Name and Address	Beginning Date	End Date	Schedule

**CHILD'S SCHOOL INFORMATION:**

Child's Name	Name of School	School Schedule/School Track	Current Grade Level

**CHILD CARE PROVIDER:**

Name of Chosen Provider	Provider Address	Telephone Number

The Child Care Program is funded by state, federal and local grants. Any information provided in this form is subject to verification and investigation. If you make a false or misleading statement, misrepresent, conceal or withhold facts to establish or maintain program eligibility, your benefits may be reduced/denied/terminated. You are responsible for repayment of all monies, services and benefits for which you were not entitled. Additionally, you may also be barred from program participation, criminally prosecuted or otherwise penalized according to state and federal law. Information provided is strictly confidential and is used only to determine eligibility for child care subsidy.

**IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?**

(Please check one)

YES     NO

**If you do not check either box, you will be considered to have decided not to register to vote at this time.**

The **NATIONAL VOTER REGISTRATION ACT** provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

**IMPORTANT NOTICE:** Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance you will be provided by this agency.

Signature

Date

**CONFIDENTIALITY:** Whether you decide to register to vote or not, your decision will remain confidential.

IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, Capitol Complex, Carson City, Nevada 89710.

**AUTHORIZATION/RESPONSIBILITY**

I hereby authorize the Child Care Program and/or Nevada State Division of Welfare and Supportive Services to make any investigation concerning me or other members of my household or my children's legal/putative parent(s) which is necessary to determine eligibility for any child care benefit I have received or will receive administered by the Child Care Program.

I hereby authorize and consent to the release of any and all information concerning me or my household members to the Child Care Program by the holder of the information regardless of the manner or form held, including, without limitation, wage information, information made confidential by law or otherwise and patient information privileged under NRS 49.225 or any other provision of law or otherwise. I hereby release the holder of such information from liability, if any, resulting from disclosure of the required information. A reproduced copy of this authorization legally constitutes an original copy.

I understand the questions on this application and the penalty for hiding or giving false information. In addition, I understand that if I make a false or misleading statement, conceal or withhold facts to establish or maintain program eligibility, my benefits may be reduced, denied, or terminated; I may be disqualified from program participation, criminally prosecuted, or otherwise penalized according to state and federal law.

In addition, I understand the provider(s) listed above reflect the choice made by me, the parent/caretaker, and by signing below, I agree to indemnify and hold harmless the State of Nevada, the Child Care Subsidy Program, their officers, agents, board members and employees from all claims, litigation, costs, expenses and liabilities arising out of, or in any way connected with the provider chosen by me.

I certify under penalty of perjury, my answers are true, correct and complete to the best of my knowledge and ability.

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Signature or Mark of Applicant (Parent/Guardian)	Date	Signature or Mark of Spouse/Second Parent/Guardian of Child(ren)	Date
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