

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

Child Care and Development Program

The Division of Welfare and Supportive Services (DWSS) works in partnership with The Children's Cabinet and the Las Vegas Urban League to provide child care assistance to low income families so that parents can work. The Child Care and Development Program (CCDP) pays a portion of child care costs for eligible families based on household income and family size. Anyone can apply for child care assistance and receive a formal evaluation. The following chart can be used as a guide to help you determine if your family may be eligible.

Income Limits

Family Size	Maximum Monthly Income	Family Size	Maximum Monthly Income
1	\$1,165	7	\$3,474
2	\$1,563	8	\$3,795
3	\$1,961	9	\$4,116
4	\$2,358	10	\$4,438
5	\$2,756	11	\$4,759
6	\$3,153	12	\$5,080


Income limits effective 10/01/2015

Call for income limits for households larger than 12


How to Apply

You can contact any of the following locations in person, by phone, fax, or email to apply for assistance or receive more information about our program.

In Southern Nevada

 Las Vegas Urban League	ADMINISTRATION 2470 N. Decatur, Ste. 150 Las Vegas, NV 89108 Phone: (702) 473-9400 Toll Free: (855) 4UL-KIDS Fax: (702) 405-8583 Eligibility Fax: (702)410-9906 Email: childcareinfo@lvul.org	<input type="checkbox"/> 700 Belrose St. Las Vegas, NV 89107 Phone: (702) 486-1585 Fax: (702) 486-1608	<input type="checkbox"/> 3320 E. Flamingo Rd Suite #49 Las Vegas, NV 89121 Phone: (702) 570-5161 Fax: (702) 331-1417	<input type="checkbox"/> Clark County DFS (Foster/CPS Cases Only) 701 N. Pecos Rd Las Vegas, NV 89101 Phone: (702) 455-0593 Fax: (702) 455-0484

In Northern Nevada

 The Children's Cabinet	ADMINISTRATION 1090 S. Rock Blvd. Reno, NV 89502 Phone: (775) 856-6210 Fax: (775) 856-6208 Toll Free: 1-800-753-5500 Email: mail@childrenscabinet.org	<input type="checkbox"/> 4055 S. Virginia St Reno, NV 89502 Phone: (775) 746-5511 Fax: (775) 745-5530	<input type="checkbox"/> 2527 N. Carson St. Ste. #255 Carson City, NV 89706 Phone: (775) 684-0880 Fax: (775) 887-1365 Toll Free: 1-866-434-2221

Help Finding a Child Care Provider

Quality child care supports your child's growth and school readiness. If you need help finding a quality child care provider or other resource, contact one of our Child Care Resource and Referral program staff members by calling The Children's Cabinet or the Las Vegas Urban League (listed above).

KEEP THIS PAGE FOR YOUR RECORDS

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

Child Care and Development Program

Application for Child Care Assistance

“Working for the Welfare of ALL Nevadans”

Who Can Apply

Anyone can apply for child care assistance for their child. No person will be discriminated against for any reason (such as race, age, color, religion, sex, disability, political belief, sexual orientation, or national origin) in any Division of Welfare and Supportive Services (DWSS) program. To file a complaint, please contact the Chief of the Child Care and Development Program (CCDP) located at 1470 College Parkway, Carson City, Nevada 89706. You can also file a complaint at any DWSS district office or child care office and your complaint will be forwarded to the Child Care Chief.

Eligibility

The following must be verified to see if you are eligible for Child Care Assistance.

- Proof of:
 - Citizenship for all children applying for child care;
 - Identification for all adult household members;
 - Nevada residency;
 - All income;
 - Relationship for all household members;
 - Custody;
- Purpose of Care – every required adult (and minor parent) must be in an approved activity, such as working, looking for work, going to school or training, participating in DWSS approved activities related to preparation for employment, or other activities authorized by the CCDP;
- Documentation for any child(ren) in your home who has a special need.

Social Security Numbers

You will be asked to provide Social Security Numbers (SSN) for all persons (including yourself) who are applying for assistance; SSNs are used to verify your income and resources and to conduct computer matching with other agencies. It is also used to gather workforce information, conduct investigations, recover overpaid benefits and to ensure duplicate benefits are not received. Providing or applying for a SSN is voluntary. You are not required to provide a social security number and your eligibility will not be denied due to the failure to provide a SSN for required household members. If you do not want to provide your social security number, please write “refused” in the social security number fields on the application. If you provide a social security number on the application, you must provide verification.

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 work with the Child Care Resource and Referral and to visit more than one provider before making a decision. Your provider must meet the following:

- Must not be the natural or adoptive parent or guardian to the child, whether or not they live with the child;
- Must not live in the same house as the child;
- Must not have an active child care case for their own child(ren);
- Providers must be enrolled with the CCDP and in good standing;

Important Information – The CCDP may send information that requires you to respond. You should make arrangements for your mail if you are away from home so you can respond by the due date. If you do not respond by the due date and/or we lose contact with you, your case may be terminated.

Special Accommodations

This application is available in English and Spanish. Please contact us if you need a Spanish version or an interpreter.

Acomodaciones Especiales

Esta solicitud está disponible en inglés y español. Por favor comuníquese con nosotros si necesita una versión en español o un intérprete.

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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.*

PLEASE ENTER RACE/ETHNICITY/MARITAL STATUS CODES FOR EACH HOUSEHOLD MEMBER IN THE BOXES BELOW:

Ethnicity: **H** = Hispanic/Latino **N** = Non-Hispanic/Latino

Race: **A**–Asian; **B**–Black or African American; **I**–American Indian or Alaska Native; **N**–Native Hawaiian or Pacific Islander; **W**–White

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

ADULTS:

Legal Name	Relationship to You	S e x	Date of Birth:	State or Country of Birth	Social Security Number	Race	Ethnicity	Marital Status
	Self							

CHILDREN (Under the age of 18):

Legal Name	Relationship to You	S e x	Date of Birth	State or Country of Birth	US Citizen Y/N	Social Security Number	Race	Ethnicity	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

Home Address	City	State	Zip
Mailing Address	City	State	Zip
Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Phone <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	E-Mail Address	

Please Answer the Following Questions About Your Household:

1. Is your Family Homeless (lack a fixed, regular, and adequate nighttime residence)? If Yes, Please Explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is any household member in the Military? If Yes, Name: _____ Active Duty or Reserve? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is any adult (or minor parent) in your household unable to work and/or attend a training program? If Yes, Name: _____ Reason: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do any of the children in the household have special needs? If Yes, Name: _____ Reason: _____ Current IEP or IFSP for child? _____ Name: _____ Reason: _____ Current IEP or IFSP for child? _____ Name: _____ Reason: _____ Current IEP or IFSP for child? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

If Yes, Name: _____ Reason: _____ Expected date of Return: _____

6. Is any household member pregnant? ☐ Yes ☐ No

If Yes, Name: _____ Anticipated Delivery Date: _____

7. Has any household member received TANF cash benefits? ☐ Yes ☐ No

If Yes, Name: _____ When: _____ Where: _____

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

If Yes, Name: _____ Program: _____ Start Date: _____

9. Does your household have assets with a value over one million dollars (\$1,000,000)? ☐ Yes ☐ No

If Yes, Name: _____ Type of Asset: _____

10. Do you expect any other changes in the next six (6) months? ☐ Yes ☐ No

If Yes, Please Explain: _____

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

If Yes, who: _____ Amount paid: _____ How Often: _____

Are you expected to repay this money? ☐ Yes ☐ No

12. Are both parents of the children living in the home? ☐ Yes ☐ No

If No, Please Complete the Information Below About the Child(ren)'s Mother and/or Father that does not live with you.

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?
	Name: _____ Address: _____ Phone: () _____	<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
	Name: _____ Address: _____ Phone: () _____	<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
	Name: _____ Address: _____ Phone: () _____	<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

INCOME/BENEFITS (OTHER THAN EMPLOYMENT 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- WIC | <input type="checkbox"/> 22 - Supplemental Security Income (SSI) |
| <input type="checkbox"/> 02- SNAP | <input type="checkbox"/> 09 - Temporary Disability Insurance | <input type="checkbox"/> 16 - Tips | <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 or Loans | <input type="checkbox"/> 19 - Interest | <input type="checkbox"/> 26- Pensions/Retirement Trusts |
| <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 | <input type="checkbox"/> 28 - Medicaid |

☐ Other: _____

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

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

Household Member	Start Date/ End Date	Employer Name Address and Telephone Number	Average Weekly Hours	Rate of Pay	How Often Paid	Schedule/Shift
		Name:			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission	Schedule: <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 From: To:
		Address:				
		Phone: ()				
		Name:			<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Commission	Schedule: <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 From: To:
		Address:				
		Phone: ()				

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 Address and Phone	Beginning Date	End Date	Schedule
	Name:			
	Address:			
	Phone: ()			
	Name:			
	Address:			
	Phone: ()			

CHILD'S SCHOOL INFORMATION:

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

CHILD CARE PROVIDER:

Child or Children's Names	Provider Name Address and Phone Number
	Name:
	Address:
	Phone: ()
	Name:
	Address:
	Phone: ()

YOUR RIGHTS

Anyone who has been denied, terminated, or had benefits reduced will receive a notice and instructions for requesting a hearing if you do not agree with the action taken. You can request a hearing by writing your local child care office, Division of Welfare and Supportive Services (DWSS) district office or administration office. You can also request a hearing by signing and returning the Notice of Appeal you receive. You must request a hearing within 90 days of the notice date or within 14 days if you want continued benefits while your hearing is pending a decision.

If you request a hearing, you will be notified of the hearing date, time and location in writing ten (10) days prior to the scheduled hearing. You may be represented at a conference/hearing by anyone whom you have given written authorization. This written authorization must be given to the DWSS office before the conference/hearing. Please contact us if you need information on legal services that may be available to you at no cost.

If you disagree with your hearing decision, you can appeal your case to your local District Court of the State of Nevada.

AUTHORIZATION/RESPONSIBILITY

The Child Care and Development Program is funded by State and federal grants. Any information provided on this form can be investigated. Criminal prosecution and other penalties may be applied to you and/or other adult members of your household according to state and federal law. If you make a false or misleading statement, misrepresent, hide or withhold facts to get or keep child care assistance, your benefits may be reduced/denied/terminated. Additionally, you may not be eligible for future assistance, and you are responsible to pay back all monies, services and benefits for which you were not entitled. Information provided is strictly confidential and is used only to determine eligibility for child care assistance.

By signing below, you authorize the Child Care and Development Program and/or the Division of Welfare and Supportive Services to make any investigation concerning you or other members of your household or your children's legal/putative parent(s) that is necessary to determine eligibility for child care assistance administered by the Child Care and Development Program.

By signing below, you authorize the release of information about your household members to the Child Care and Development Program including, 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. You 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.

By signing below, you acknowledge that you understand the questions on this application and the penalty for hiding or giving false information. In addition, you understand that if you make a false or misleading statement, hide or withhold facts to get or keep child care assistance, your benefits may be reduced, denied, or terminated and you may be disqualified from program participation, criminally prosecuted, or otherwise penalized according to state and federal law.

In addition, by signing below, you confirm that the provider(s) listed above reflect the choice made by you, the parent/caretaker, and you agree to indemnify and hold harmless the State of Nevada, the Child Care and Development 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 you.

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

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



SECRETARY OF STATE BARBARA K. CEGAVSKE
STATE OF NEVADA
VOTER REGISTRATION APPLICATION

Application No.

HA

BOX 3 - NAME Please write your name exactly as it appears on the Nevada driver's license, ID card, or Social Security card referenced in Box 8. If you do not have any of these forms of identification, please see the instructions for Box 8.

BOX 4 - HOME ADDRESS Your home address is the street address assigned to the location at which you actually reside. If you reside at a location that has not been assigned a street address, a description of the location at which you actually reside must be provided. A P.O. Box cannot be listed as a home address.

BOX 8 - IDENTIFICATION REQUIREMENTS Federal and state law require you to provide your NV driver's license or NV ID number. If you do not have either, you must provide the last 4 digits of your social security number (SSN). If you do not have any of these three forms of identification, please contact your County Clerk/Registrar after you have completed and returned this form.

BOX 11 - PARTY REGISTRATION Mark your choice of a qualified party, "Nonpartisan" or "Other." If you mark "Other," you may print the name of an unlisted political party. If you register with a minor political party or as a nonpartisan, you will receive a non-partisan ballot for the Primary Election.

BOX 14 - ASSISTING IN THE COMPLETION OF THIS FORM If you are assisting a person to register to vote, you must complete Box 14. FAILURE TO DO SO IS A FELONY.

DEADLINES FOR SUBMITTING APPLICATION

- ★ By Mail—postmarked by Saturday, 31 days before an Election.
- ★ In Person at DMV—by Saturday, 31 days before an Election.
- ★ Online—by Tuesday, 21 days before an Election.
- ★ In Person At County Clerk's or Registrar's Office—by Tuesday, 21 days before an Election (for Municipal Elections, in person at City Clerk's).
- ★ For Special/Recall Elections—contact your County Clerk or Registrar.

NOTICE You are urged to return your application to register to vote to the County Clerk/Registrar in person or by mail. If you choose to give your completed application to another person to return to the County Clerk/Registrar on your behalf, and the person fails to deliver the application to the County Clerk/Registrar, you will not be registered to vote. Please retain the duplicate copy or receipt from your application to register to vote.

INTERESTED IN BEING A POLL WORKER? Please contact your local County Clerk or Registrar's Office. See Reverse.

☐ CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE

USE BLACK INK — PLEASE PRINT CLEARLY				WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO \$20,000.						
1	Are you a citizen of the United States of America? Will you be 18 years of age or over on or before Election Day? If you checked "no" in response to either of these questions, do not complete this form.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	2	Check boxes that apply and complete items 3-14 <input type="checkbox"/> New Registration <input type="checkbox"/> Party Affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change				
3	Last Name (Only)		First Name (Only)		Middle Name (Only)		Jr. Sr. II III IV			
4	Home Street Address (No P.O. Box/Business Address. See Instructions.) Apt. # City State Zip Code									
5	Mailing Address—If different from above. (P.O. Box or Mail Service Address)				6	Birth Date (M/D/YR)		7	Place of Birth (State or Country)	
8	NV Driver's License No./NV ID Card No./Last 4 of SSN				9	Telephone No. (Opt.)		10	E-mail Address (Opt.)	
11	Party Registration—Check Only One Box <input type="checkbox"/> Democratic Party <input type="checkbox"/> Independent American Party <input type="checkbox"/> Libertarian Party <input type="checkbox"/> Nonpartisan (no party affiliation) <input type="checkbox"/> Republican Party <input type="checkbox"/> Other Party – Write In Below				12	"I swear or affirm • I am a U.S. citizen • I will be at least 18 years old by the date of the next election • I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election • The present address listed herein is my sole legal place of residence and I claim no other place as my legal residence • I am not laboring under any felony conviction or other loss of civil rights that would make it unlawful for me to vote. I declare under penalty of perjury that the foregoing is true and correct." ↓ SIGNATURE OF APPLICANT (REQUIRED) ↓ ↓ DATE (REQUIRED) ↓ <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="text-align: right;">(MM / DD / YYYY)</div>				
13	Your name and residence address where you were last registered to vote. (Name Used, Street, Apt. #, City, State & Zip Code of Former Residence)									
14	Important! If you are assisting a person to register to vote and you are not a field registrar appointed by a County Clerk/Registrar or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so is a felony.									
Name			Mailing Address			City/State/Zip Code			Signature	

VALIDATING AGENCY USE ONLY. DO NOT WRITE IN THE SHADED AREA BELOW.

DATE STAMP	<input type="checkbox"/> AGENCY	CANCELLED	APPLICATION NO. HA
	<input type="checkbox"/> FIELD REGISTRAR	INACTIVE	
	<input type="checkbox"/> MAIL	PRECINCT	
<input type="checkbox"/> OTHER			RECEIVED BY:

↑ Detach Here ↑

↑ Detach Here ↑

↑ Detach Here ↑

NAME OF PERSON RETAINING THIS APPLICATION

(AGENCY STAMP OR NAME OF AGENT, ELECTION OFFICIAL OR PERSON RETAINING APPLICATION)

PRINT NAME OF PERSON RETAINING FORM

ELECTION OFFICIAL OR AGENCY
Contact Information, Address, Telephone, Fax

VOTER APPLICATION RECEIPT
(Please Retain Receipt)

If you do not receive a Nevada Voter Registration Card in the mail within 10 days, please call or visit your County Election Department.

APPLICATION NO. HA