

**Early Childhood Education and Care Department
Child Care Services Bureau
Child Care Assistance Program**

You may apply for services online at <https://eligibility.ececd.state.nm.us>
(Am I Eligible)

To apply for services by email or to contact the Child Care Assistance team,
email us at:

ECECD.CCA-North@state.nm.us or
ECECD.CCA-South@state.nm.us
Or call toll free: 1 (800) 832-1321

Or visit your local Child Care office

Please present the following documentation when applying:

- **Completed Application for Child Care Assistance**
- **Current proof of income from Employment or Self-Employment (if applicable)**
- **Verification of any other countable income**
- **Birth Verification for all applicant household children** (even if you do not need child care for them)
- **Verification of Educational Activity/School Schedule for adults (if applicable)**
- **Picture ID for Applicant**
- **Current verification of New Mexico Residency** (lease agreement, utility bill, mortgage)
- **Demonstration of Incapacity, if applicable**
- **Proof of Custody/Dependency for household members, as applicable**
TANF participation (recipients may be required to obtain a Work Participation Agreement for TANF approved-activity such as job search; volunteer work, etc. from their TANF caseworker.)
- **ECECD Approved Child Care Provider** – Center/Home Provider's information: Name, Address, and Phone number or EPICS ID#

If you need information or a referral on selecting a child care provider, please call:

**New Mexico Kids Resource & Referral at
(505) 277-7900 (Albuquerque) or 1-800-691-9067 or
www.newmexicokids.org**

Child Care Assistance

Acceptable Documents for Verification

Verification Type	Acceptable Documentation or Information (examples)
Verification of Birth	<ul style="list-style-type: none"> -birth certificate -hospital records -birth center records
Countable Earned Income	<ul style="list-style-type: none"> -paystubs -employer statement/verification of work form -client statement, if earning wages from various odd jobs /day labor -contract/work agreement -payroll history <p>For Self-Employment:</p> <ul style="list-style-type: none"> -income tax return with transcripts -profit and loss (must be verified by a bookkeeper or accountant) -proof of new business registration with State of NM
Countable Unearned Income	<ul style="list-style-type: none"> -benefit award letter (i.e. – social security, veteran administration (VA)) -letter or document from agency making payment -court records or other legal documents -statement from tribal agency -bank or other financial statement -divorce or separation decree -trust documents -workers' compensation documents -rental income information
Qualifying Activity	<ul style="list-style-type: none"> -proof of TANF participation <u>REQUIRED for TANF recipients</u> (Work Participation Agreement (WPA) for TANF approved-activity such as job search; volunteer work, etc. from their TANF caseworker.) -school schedule -statement from educational institution -work schedule -work study, internship, graduate school stipend, or related documentation
Documentation of Incapacity	<ul style="list-style-type: none"> -Statement or letter from Medical Professional on letterhead/stationary -Statement/Record/Letter from a federal government agency that issues or provides disability benefits -Statement/Records/Letters from a state vocational rehabilitation agency counselor -Records/ Letters from a treatment facility/counselor -Certification from a private vocational rehabilitation or other counselor that issues or provides disability benefits.
Custody	<ul style="list-style-type: none"> -court order -sworn statement -attorney records
Dependency	<ul style="list-style-type: none"> - Court order - Notarized Statement - Divorce Papers - Durable Power Attorney - Guardianship Documentation - Federal Tax documents verifying person is claimed as a dependent - Written Statement with supervisor's approval

Child Care Assistance

Acceptable Documents for Verification

NM Residency	<ul style="list-style-type: none"> -lease/rental agreement -utility bill -mortgage receipt -written statement from person you are residing with -Current NM driver's license -statement from landlord -other records that provide a name and address
ECECD approved provider	<p>Tell ECECD the provider you choose.</p> <ul style="list-style-type: none"> -Center/Home Provider's information: Name, Address, and Phone number or EPICS ID# <p>Select provider from www.newmexicokids.org, or call New Mexico Kids Resource & Referral at 1-800-691-9067.</p>
Identification for Parent / Guardian	<ul style="list-style-type: none"> -current or expired government issued photo I.D. / Passport -school photo I.D. -government issued immigration document with photo -employer I.D. with photo
Age of Child	<ul style="list-style-type: none"> -government issued photo I.D. -birth certificate / hospital certificate of birth -religious records -school records -certificate of Indian blood -paternity papers -Numident (social security application)
Relationship of Child to Parent/Guardian	<ul style="list-style-type: none"> -birth certificate -court order, or other legal records -family Bible or baptismal record -adoption records -marriage license/certificate -hospital or public health record -certificate of Indian blood -Department of Vital Statistics record
Citizenship/ Immigration Verification	<ul style="list-style-type: none"> - US Birth Certificate - Military ID - Passport - Naturalization Certificate - Permanent Resident Card - ASPEN/HSD Verification (client must be listed as "Eligible Child") <p>(EX. Refugees/other qualified aliens may receive services through HSD but also may have US Department of State Form)</p> <ul style="list-style-type: none"> - Numident (from Social Security Office) - Refugee/Asylee letter from US Secretary of State or from Homeland Security



STATE OF NEW MEXICO EARLY CHILDHOOD EDUCATION & CARE DEPARTMENT

CHILD CARE ASSISTANCE APPLICATION

Date (MM/DD/YYYY) _____

SECTION I - Participant Information

Your Name: (First Name MI Last Name)		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	
Physical Address Line 1 Line 2 City, State Zipcode		Mailing Address Line 1 Line 2 City, State Zipcode	
Primary Phone	Secondary Phone	Language Preference:	Homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address		Are you or your spouse currently in the Military? <input type="checkbox"/> No <input type="checkbox"/> Yes, Active Duty <input type="checkbox"/> Yes, National Guard or Reserve	
What activities are your household members participating in? <input type="checkbox"/> Working <input type="checkbox"/> School <input type="checkbox"/> TANF Approved Activity <input type="checkbox"/> Training Program			

SECTION II - Verifications

Have you ever received Child Care Assistance in New Mexico?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where?
Have you ever received services under a different name?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Names Used?

SECTION III - List Persons living in the household, including yourself, parent/guardians and all children under the age of 18 for whom you are responsible

Household Member	Race*	Hispanic? Y/N	Social Security Number (Optional)	Birth Date MM/DD/YYYY	Gender M/F	Relationship to you?	Does child have a disability? Y/N

* Race Types: 1. American Indian or Alaskan Native 2. Asian 3. Black or African 4. Native Hawaiian or Pacific Islander 5. White 6. Other (please specify)

SECTION IV - Unearned Income and Employment Information

Does your family's assets exceed \$1,000,000 (one million dollars)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you receiving any of the following:					
<input type="checkbox"/> TANF and/or government assistance (VISTA, AmeriCorp, etc.)	<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Child Support	<input type="checkbox"/> Cash / Stipends / Gifts / Other	<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Unemployment Compensation Benefits

Work/Education Requirements - Work (W), Education (E)

Name	Activity	Employer or Education Institute (Name, Address, Phone#)

SECTION V - Your Rights and Responsibilities

Please: (1) read each section carefully; (2) make sure you understand each statement; (3) ask for clarification of any questions; and (4) sign and date at the bottom.

AGREEMENT TO PROVIDE INFORMATION I agree to provide information needed to determine eligibility for benefits for myself and others for whom I am applying. I understand that my social security number is not required to receive benefits. I understand that I have to prove my eligibility and agree to do this. I give my permission to the New Mexico Early Childhood Education & Care Department (ECECD) to contact persons or agencies who have knowledge of my circumstances to obtain needed information which I may not be able to give or verify. I understand that all information given to ECECD is confidential and is restricted to ECECD employees who need it for the administration of programs for which I have applied and that this information will be used solely for the purpose of establishing eligibility, amount of benefits, or for providing services. I further understand that confidential information may be released to other agencies involved in the administration of federally assisted programs that provide income supplemental benefits.

RESPONSIBILITY TO REPORT CHANGES

I understand that the information which I have provided in this application is the basis for determining my eligibility for assistance. I understand that I must report any changes that affect the need for care, which include but are not limited to, any non-temporary change in activity, or household members moving in or out, within five (5) business days of the change.

RESPONSIBILITY FOR CO-PAYMENT

I understand that the New Mexico Early Childhood Education & Care Department will make payment or partial payment on my behalf for the care of the child(ren) named herein, at the approved ECECD rate, subject to applicable federal regulations, and the rules and regulations established by the Department. I understand that I am required to pay my provider the co-payment established in the Child Care Placement Agreement for the child care provided as well as gross receipts tax if the provider chooses to pass the charge onto me.

VERIFICATION

I certify that the information I have provided is true and accurate to the best of my knowledge. I understand that a ECECD representative may call or visit my home and may contact other people in order to verify my eligibility for benefits. I also understand that information I give will be subject to verification by federal, state and local officials, through computer cross-matching with other agencies, and through the state Income and Eligibility Verification System. I understand that if what I have reported is found to be incorrect, my child care benefits may be denied or terminated and I may be subject to criminal prosecution for knowingly providing incorrect information.

FRAUD PENALTIES

I understand that I will be subject to prosecution for fraud if I knowingly give false, incorrect, or incomplete information in order to obtain, try to obtain, help someone else obtain or help someone else try to obtain child care assistance. I understand that not providing a social security number or providing a false social security does not constitute fraud for child care assistance purposes. I further understand that I will be required to repay any benefits received improperly.

FAIR HEARINGS

You or your representative may request a Fair Hearing if you do not agree with any decision made on any matter concerning your case. The request for a Fair Hearing must be made in writing within 30 days from the date that the Department took action affecting your benefits. Please mail request to ECECD-Early Childhood Services, PO Drawer 5619 Santa Fe, NM 87502-5619. You have the right to examine, prior to the hearing, your case record and documents used in the determination of the appealed action. You may elect to continue receiving benefits pending the outcome of the Fair Hearing. However, if the decision is not in your favor, you will be required to repay this money unless the hearing decision or Division Director authorizes otherwise.

CIVIL RIGHTS STATEMENT

I understand that it is unlawful to discriminate against any applicant or recipient of any program administered by ECECD due to race, color, sex, age, religious creed, national origin, handicap or political beliefs. Complaints of discrimination may be filed with ECECD's central office, the U.S. Department of Justice, or the Civil Rights Commission in Washington, D.C.

I understand that my signature below verifies that I have read the complete "Rights and Responsibilities" section and that I understand my rights and responsibilities as a client.

Sign: _____

Date: _____

SECTION VI - Register to Vote

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 to 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: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance that 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 THAT SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register or in applying 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, 419 State Capital, Santa Fe, NM, 87503, (phone: 1-800-477-3632).

SECTION VII - Office Use Only

Child Care Assistance Application is		Intake <input type="checkbox"/> Re-Certification <input type="checkbox"/> Other <input type="checkbox"/> _____	Total Monthly	\$ _____
Comments:				
Case Work			Date	
Child Care Assistance		Pending <input type="checkbox"/> Complete <input type="checkbox"/> Invalid <input type="checkbox"/>		

CHILD CARE ASSISTANCE CLIENTS'

RIGHTS AND RESPONSIBILITIES

Welcome to the Child Care Assistance Program. This program is to support our families while they are working, attending school, participating in an approved activity, or participating in TANF. You may request a full copy of the Child Care Assistance regulations (8.15.2 NMAC) from your local office or obtain a copy at www.nmcecd.org.

CLIENTS' RIGHTS

Application requirements. In order to decide if you can get childcare benefits, you must turn in a complete application and provide certain documents, including proof of countable income, proof of age, relationship and identity for your child and required information for all household members. See 8.15.2.10 NMAC.

If you do not provide all the required documents with your application, ECECD will send you a letter, telling you what documents you need to provide. You will have at least 14 (fourteen) days to turn in these documents. See 8.15.2.10(B) NMAC.

ECECD must process your application within 10 working days of receiving all the required documents. See 8.15.2.16(C) NMAC.

Finding a Child Care Provider. You have the right to select a provider of your choice. See 8.15.2.10(A)(9) NMAC. Visit www.newmexicokids.org or call New Mexico Kids Resource and Referral at (505) 277-7900 in Albuquerque or 1-800-691-9067 statewide for a list of providers. To view health and safety requirements met by the provider, please visit www.newmexicokids.org. For any concerns regarding your child care provider, including abuse or neglect, please call #SAFE (#7233) from a cell phone, or call 1-855-333-7233, or contact your local child care office.

Duration of benefits. If you qualify for benefits, ECECD must approve you for a 12-month eligibility period, unless you request a shorter time frame. See 8.15.2.11(B) NMAC. You may suspend your case for up to 3 months at any time during your 12-month eligibility if you do not need child care. Your child care provider will not receive payment during this time. This request may be submitted by fax, e-mail, or telephone to the department. See 8.15.2.14(A) NMAC.

You will remain eligible for child care assistance if a temporary change in activity occurs. Temporary changes are changes that last no longer than 3 months. A temporary change in activity includes: 1) a limited absence from work for employed parents including for periods of family leave (including parental leave) or sick leave; 2) interruption in work for a seasonal worker; 3) a holiday or break for parents who are in school or participating in training program; or 4) reduction in work, training or education hours, as long as the parent is still working or attending training or education. See 8.15.2.7(HH) and 8.15.2.11(B)(4) NMAC.

If the loss of activity becomes non-temporary, you will be given a three (3) month grace period for the purpose of securing a new approved activity. You may continue to use childcare during this time. If you do not secure a new approved activity by the end of this grace period, your case will be closed. See 8.15.2.11(B)(5), 8.15.2.14(B), (C) (I) NMAC.

Complaints. You may ask to speak with a supervisor if you are dissatisfied with the services you have received or if have questions regarding your case that you feel your caseworker has not been able to address. You may also submit a complaint orally or in writing any time to a child care assistance office. See 8.15.2.23 NMAC.

Confidentiality. Your information will remain confidential and will only be released in the following circumstances: to you at your request; to someone who has written authorization from you; where the information is used for

individual's involvement in the administration of federally assisted programs; or as requested in a subpoena. See 8.15.2.25 NMAC.

Civil Rights Statement. It is unlawful to discriminate against any applicant or recipient of any program administered by ECECD due to race, color, sex, age, religious creed, national origin, handicap or political beliefs. Complaint of discrimination may be filed with ECECD's central office, the U.S. Department of Justice, or the Civil Rights Commission in Washington, D.C.

CLIENTS' RESPONSIBILITIES

Client Costs. You may be responsible to pay incidental costs in situations such as field trips, special lunches or other similar situations; and gross receipt taxes to providers. See 8.15.2.15(E)(1-3) NMAC.

Responsibility for Co-Payment. You may be required to pay a portion of child care costs, known as co-payments. Co-payments are determined by household income and size. Copayments for each additional child are determined at one half of the co-payment for the previous child. Each child's co-payment will be adjusted based on the block of time the child is in care. Clients pay co-payments directly to their child care provider and must remain current in their payments. A client who does not pay co-payments may be disqualified until the copayment is paid or until an agreement is made between the client and the provider to bring the co-payment current. Co-payments are re-determined at the time of recertification. A copayment schedule can be obtained in the local child care office or at <https://www.nmcecd.org/child-care-assistance/>. See 8.15.2.13(A-D) NMAC.

You are responsible for paying for any additional child care hours used but not authorized on the approved Child Care Placement Agreement. See 8.15.2.17(D) NMAC.

Notice of changes. If you have a change that affects your need for care, including a non-temporary change in activity, or household members moving in or out of the house, you must notify ECECD within five (5) days fourteen (14) calendar days. See 8.15.2.13(G) NMAC.

You must notify providers and your caseworker at least 14-days before changing providers. If you do not notify ECECD of a change in providers at least 14 days before the change takes place, then you are responsible for payment to the new provider until the final date of payment to the former provider. See 8.15.2.13(G)(2) NMAC.

Verifications. With your consent, a Department representative may contact other people in order to verify your eligibility for child care assistance. The information you give will be subject to verification by federal, state and local officials through computer cross-matching with other agencies, and through the state Income and Eligibility Verification System.

Fraud Penalties. Providing false information, knowingly leaving out important information, or misusing your child care assistance benefits is considered fraud. If it is determined that you have committed fraud, appropriate sanctions, including recoupment of payments, termination of benefits, and referral to law enforcement, may be initiated by the department. See 8.15.2.20 NMAC.

I acknowledge that I have received, read and understand the above rights and responsibilities.

Client's Signature

Date