



**STATE OF NEW MEXICO EARLY CHILDHOOD EDUCATION & CARE DEPARTMENT  
CHILD CARE ASSISTANCE APPLICATION**

**SECTION I - Participant Information**

Date Received (MM/DD/YYYY)

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 /No. & Street  Line 1 Line 2 City, State Zip code		Mailing Address/PO Box  Line 1 Line 2 City, State Zip code	
Primary Phone	Secondary Phone	Language Preference	
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	
<b>Please select one that describes your current living situation:</b> <input type="checkbox"/> In a home that I own or rent <input type="checkbox"/> Living permanently with friends and/or family <input type="checkbox"/> Staying temporarily with friends, relatives or other people <input type="checkbox"/> At a shelter <input type="checkbox"/> In transitional housing or an independent living program <input type="checkbox"/> At a motel or a hotel <input type="checkbox"/> In an RV or camper <input type="checkbox"/> I don't have a usual place to sleep <input type="checkbox"/> In a car, tent, park, bus or train station, abandoned building, or other public place			

**SECTION II - Verifications**

Have you ever received child care assistance in New Mexico? <input type="checkbox"/> YES <input type="checkbox"/> NO	Which City or County?
Have you ever used a different name to receive services? <input type="checkbox"/> YES <input type="checkbox"/> NO	Names used?

**SECTION III - List Persons living in the household, including yourself, parent/guardians and all dependents for whom you are responsible. Grandparents living in the home may also be included.**

Household Members (First Name and Last Name)	Race*	Hispanic? Y/N	Social Security Number (Optional)	Birth Date MM/DD/YY	Gender M/F	Relationship to You?	Does child have a disability? Y/N	Is Child a US Citizen/Qualified Alien? Y/N

**\*Race Types:** 1. American Indian or Alaskan Native  
 2. Asian  
 3. Black or African American  
 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 (VA benefits)	<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Alimony	<input type="checkbox"/> Retirement/Pensions	<input type="checkbox"/> Social Security Benefits	<input type="checkbox"/> Other Income such as: Workman's Comp, Royalties, etc.
What activities are the adult household members participating in? <input type="checkbox"/> Employment/Self-Employment <input type="checkbox"/> School/Education <input type="checkbox"/> TANF Approved Activity <input type="checkbox"/> Job Search					

Work/Education Requirements - Work (W), Education (E), Job Search (J), Demonstration of Incapacitation (I)		
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 as needed; and (4) sign and date at the bottom.**

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.nmececd.org](http://www.nmececd.org).

### 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.

### 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. List of requirement documents can be found at [www.nmececd.org/child-care-assistance/](http://www.nmececd.org/child-care-assistance/)

**Finding a Child Care Provider.** ECECD promotes equal access. You have the right to select a provider of your choice. Visit [www.newmexicokids.org](http://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, history of violations of these requirements, and quality rating met by the provider, please visit [www.newmexicokids.org](http://www.newmexicokids.org). Any concerns regarding your child care provider, to include abuse or neglect, please call 1-888-351-0037 or emailing at [ChildCare.Complaint@state.nm.us](mailto:ChildCare.Complaint@state.nm.us).

**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)(1) 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 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.

**Fair Hearing.** You or your representative may request a Fair Hearing if you do not agree with any decision made on any matter concerning your case. You can have a friend or family members participate in the fair hearing with you. You may also be able to get free legal help. To learn more about free legal help, call NM Legal Aid at (833) LGL-HELP ((833) 545- 4357). 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 Care, Education and Nutrition, 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. See 8.15.2.22 NMAC

**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.nmececd.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 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

**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 applying to register to vote, or your right to choose your own political party or other political interference, you may file a complaint with the Office of the Secretary of State, 419 State Capital, Santa Fe, NM, (phone: 1-800-477-3632).**

**SECTION VII-Office Use Only**

<b>Child Care Application is an:</b> Intake <input type="checkbox"/> Re-Certification <input type="checkbox"/> Other <input type="checkbox"/>		<b>Total Monthly Income \$</b> _____
<b>Comments:</b> _____ _____		
<b>Case Worker Signature</b> _____	<b>Date</b> _____	<b>Child Care Application is:</b> Approved <input type="checkbox"/> Denied <input type="checkbox"/>
<b>Child Care Assistance</b> <input type="checkbox"/> Pending <input type="checkbox"/> Complete <input type="checkbox"/> Invalid		