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

<table>
<thead>
<tr>
<th>Family Size</th>
<th>Maximum Monthly Income</th>
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<tbody>
<tr>
<td>1</td>
<td>$1,276</td>
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<tr>
<td>2</td>
<td>$1,726</td>
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<tr>
<td>3</td>
<td>$2,177</td>
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<td>4</td>
<td>$2,628</td>
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<tr>
<td>5</td>
<td>$3,078</td>
</tr>
<tr>
<td>6</td>
<td>$3,529</td>
</tr>
<tr>
<td>7</td>
<td>$3,887</td>
</tr>
<tr>
<td>8</td>
<td>$4,182</td>
</tr>
<tr>
<td>9</td>
<td>$4,478</td>
</tr>
<tr>
<td>10</td>
<td>$4,773</td>
</tr>
<tr>
<td>11</td>
<td>$5,069</td>
</tr>
<tr>
<td>12</td>
<td>$5,364</td>
</tr>
</tbody>
</table>

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

**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

**700 Belgrove St.**
Las Vegas, NV 89107
Phone: (702) 486-1585
Fax: (702) 486-1608

**3320 E. Flamingo Rd**
Suite #49
Las Vegas, NV 89121
Phone: (702) 570-5161
Fax: (702) 331-1417

**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

**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

**4055 S. Virginia St**
Reno, NV 89502
Phone: (775) 746-5511
Fax: (775) 745-5530

**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).
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.
DIVISION OF WELFARE AND SUPPORTIVE SERVICES
Child Care and Development Program

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:

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Relationship to You</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>State or Country of Birth</th>
<th>Social Security Number</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td></td>
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</tr>
</tbody>
</table>

CHILDREN (Under the age of 18):

<table>
<thead>
<tr>
<th>Legal Name</th>
<th>Relationship to You</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>State or Country of Birth</th>
<th>US Citizen Y/N</th>
<th>Social Security Number</th>
<th>Race</th>
<th>Ethnicity</th>
<th>Need Child Care?</th>
</tr>
</thead>
</table>

Home Address

Mailing Address

Phone [Home] [Work] [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)?
   - Yes
   - No

2. Is any household member in the Military?
   - Yes
   - No

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

4. Do any of the children in the household have special needs?
   - Yes
   - 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.

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Name and Address of Parent not residing in the Household</th>
<th>Receive Child Support?</th>
<th>Amount</th>
<th>How Often</th>
<th>Received through which medium?</th>
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<tbody>
<tr>
<td></td>
<td>Name: _______________________________________________</td>
<td>□ Yes □ No</td>
<td></td>
<td></td>
<td>D.A.’s Office □ Court Agreement □ Private Agreement</td>
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<td>Address: _____________________________________________</td>
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<td>D.A.’s Office □ Court Agreement □ Private Agreement</td>
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<td>D.A.’s Office □ Court Agreement □ Private Agreement</td>
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<td></td>
<td>D.A.’s Office □ Court Agreement □ Private Agreement</td>
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Please attach verification of income received in the previous 30 days


☐ Other: ___________________________

<table>
<thead>
<tr>
<th>Income Type #</th>
<th>Who Receives the Income</th>
<th>Amount</th>
<th>How Often</th>
<th>Income Type #</th>
<th>Who Receives the Income</th>
<th>Amount</th>
<th>How Often</th>
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</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Start Date/End Date</th>
<th>Employer Name Address and Telephone Number</th>
<th>Average Weekly Hours</th>
<th>Rate of Pay</th>
<th>How Often Paid</th>
<th>Schedule/Shift</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Training Site/School Name Address and Phone</th>
<th>Beginning Date</th>
<th>End Date</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
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<td></td>
</tr>
<tr>
<td>Address:</td>
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<tr>
<td>Phone:</td>
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<td></td>
</tr>
</tbody>
</table>

**CHILD'S SCHOOL INFORMATION:**

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Name of School</th>
<th>School Schedule/School Track</th>
<th>Current Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**CHILD CARE PROVIDER:**

<table>
<thead>
<tr>
<th>Child or Children's Names</th>
<th>Provider Name Address and Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
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<td>Phone: (</td>
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<td>Address:</td>
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<td>Phone: (</td>
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</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Signature or Mark of Applicant (Parent/Guardian)</th>
<th>Date</th>
<th>Signature or Mark of Spouse/Second Parent/Guardian of Child(ren)</th>
<th>Date</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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.
**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/Registar 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 nonpartisan ballot for the Primary Election.

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**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.

2. Check boxes that apply and complete items 3-14
- [ ] New Registration
- [ ] Party Affiliation Change
- [ ] Name Change
- [ ] 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/Y)  

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
- [ ] Democratic Party
- [ ] Independent American Party
- [ ] Libertarian Party
- [ ] Nonpartisan (no party affiliation)
- [ ] Republican Party
- [ ] 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)  

(________________________) / (______)/(____)  

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/Registar or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so is a felony.

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

<table>
<thead>
<tr>
<th>SCAN DATE</th>
<th>AGENCY</th>
<th>FIELD REGISTRAR</th>
<th>MAIL</th>
<th>OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>RECEIVED BY:</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

**NAME OF PERSON RETAINING THIS APPLICATION**
(AGENCY STAMP OR NAME OF AGENT; ELECTION OFFICIAL OR PERSON RETAINING APPLICATION)

**APPLICATION NO.** HA

**APPLICATION NO.** HA

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(Revised 7.2015) (NISPO rev 9-15)