



Early Childhood Education Care Department (ECECD)



To apply for childcare assistance please fill out the attached forms
and email to:

ECECD.CCA-North@state.nm.us

Or apply online at: Pulltogether.org

Or call toll free: 1 (800) 832-1321

Provider information: Rio Grande Educational Collaborative (RGECD)
6260 Riverside Plaza Lane NW Suite A, Albuquerque NM
(505)873-6035

You must have the following documentation:

- > Current check stubs for (1) month
 - (2) current check stubs if paid bi-weekly
 - (4) current check stubs if paid weekly
- If it is a new job: a letter with your hours, wages, start date,
and telephone number signed by the employer
- > Verification of any other income (child support, SSI, etc.)
- > Birth Certificate(s) for all children
(even if you do not need child care for them)
- > School schedule for adult household members –
****Note:** Graduate/Post-Graduate courses are not covered.
- > Picture ID for head of household
- > Current verification of residency (lease agreement, utility bill)
- > **Child care provider information** – **Day Care Center's:** Name, Address,
and Phone number (See providers information above.)
- > TANF recipients may be required to obtain a (DWP005)
Work Participation Agreement for job search; volunteer
work, etc. from their TANF caseworker.

**If you had an existing contract please contact your caseworker for
recertification. Your caseworker will discuss with you about what is
needed to renew your childcare.**

New Mexico Children, Youth & Families
Department
Early Childhood Services
Child Care Service Bureau

**Child Care Assistance Income Guidelines
April 2020 through March 2021**

Household Size	Annual Poverty Level	100% FPL Monthly	150% FPL Monthly	200% FPL Monthly	250% FPL Monthly
2	\$17,240.00	\$1,436.67	\$2,155.00	\$2,873.33	\$3,591.67
3	\$21,720.00	\$1,810.00	\$2,715.00	\$3,620.00	\$4,525.00
4	\$26,200.00	\$2,183.33	\$3,275.00	\$4,366.67	\$5,458.33
5	\$30,680.00	\$2,556.67	\$3,835.00	\$5,113.33	\$6,391.67
6	\$35,160.00	\$2,930.00	\$4,395.00	\$5,860.00	\$7,325.00
7	\$39,640.00	\$3,303.33	\$4,955.00	\$6,606.67	\$8,258.33
8	\$44,120.00	\$3,676.67	\$5,515.00	\$7,353.33	\$9,191.67
9	\$48,600.00	\$4,050.00	\$6,075.00	\$8,100.00	\$10,125.00
10	\$53,080.00	\$4,423.33	\$6,635.00	\$8,846.67	\$11,058.33
11	\$57,560.00	\$4,796.67	\$7,195.00	\$9,593.33	\$11,991.67
12	\$62,040.00	\$5,170.00	\$7,755.00	\$10,340.00	\$12,925.00
13	\$66,520.00	\$5,543.33	\$8,315.00	\$11,086.67	\$13,858.33
14	\$71,000.00	\$5,916.67	\$8,875.00	\$11,833.33	\$14,791.67
15	\$75,480.00	\$6,290.00	\$9,435.00	\$12,580.00	\$15,725.00
For Each Additional Family Member add	\$4,480.00	\$373.33	\$560.00	\$746.67	\$933.33

Income Poverty Guidelines:

<https://aspe.hhs.gov/poverty-guidelines>

Child Care Assistance Regulations:

<http://164.64.110.134/parts/title08/08.015.0002.html>



STATE OF NEW MEXICO CHILDREN, YOUTH AND FAMILIES DEPARTMENT
CHILD CARE ASSISTANCE APPLICATION

Date (MM/DD/YYYY) _____

SECTION I - Participant Information

Your Name: (First Name MI Last Name)		☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ 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? ☐ Yes ☐ No
Email Address		Are you or your spouse currently in the Military? ☐ No ☐ Yes, Active Duty ☐ Yes, National Guard or Reserve	
What activities are your household members participating in? ☐ Working ☐ School ☐ TANF Approved Activity ☐ Training Program			

SECTION II - Verifications

Have you ever received Child Care Assistance in New Mexico?	☐ Yes ☐ No	Where?
Have you ever received services under a different name?	☐ Yes ☐ 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)? ☐ Yes ☐ No					
Are you receiving any of the following:					
☐ TANF and/or government assistance (VISTA, AmeriCorp, etc.)	☐ SNAP (Food Stamps)	☐ Child Support	☐ Cash / Stipends / Gifts / Other	☐ Social Security Benefits	☐ 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 Children, Youth and Families Department (CYFD) 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 CYFD is confidential and is restricted to CYFD 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 Children, Youth and Families Department will make payment or partial payment on my behalf for the care of the child(ren) named herein, at the approved CYFD 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 CYFD 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 CYFD-Early Childhood Services, PO Drawer 5160, Santa Fe, NM 87502. 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. For free legal services, contact NM Legal Aid toll free at 1-833-545-4357.

CIVIL RIGHTS STATEMENT

I understand that it is unlawful to discriminate against any applicant or recipient of any program administered by CYFD due to race, color, sex, age, religious creed, national origin, handicap or political beliefs. Complaints of discrimination may be filed with CYFD'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 ☐ Re-Certification ☐ Other ☐ _____	Total Monthly \$
Comments:		
Case Work		
Child Care Assistance	Pending ☐ Complete ☐ Invalid ☐	Date

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.newmexicokids.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 income, proof of age and identity for your child. See 8.15.2.10 NMAC.

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

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

Finding a Child Care Provider. You have the right to select a provider of your choice. See 8.15.2.16(G) NMAC. Visit www.pulltogether.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.pulltogether.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, CYFD must approve you for a 12-month eligibility period, unless you request a shorter time frame in writing. 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 must be submitted in writing. 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(CC) and 8.15.2.11(B)(3) 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 8.15.2.14(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 information is used for establishing eligibility for determining amount of assistance, or for providing assistance for applicants or recipients; to agencies or individuals, including law enforcement officers, who meet specific conditions, such as the agency's or

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 CYFD due to race, color, sex, age, religious creed, national origin, handicap or political beliefs. Complaint of discrimination may be filed with CYFD'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(D)(2),(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 www.cyfd.org/child-careservices. See 8.15.2.13 NMAC.

You are responsible for paying for any additional child care hours used but not authorized on the approved Child Care Placement Agreement. See 8.15.2.15 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 CYFD within five (5) 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 CYFD 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 8.15.2.17(B) 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

Child Care Services Bureau

Child Support Form

PLEASE COMPLETE A SEPARATE FORM FOR EACH NON-CUSTODIAL PARENT

Client's Name: _____ Case Id # _____ Date: _____

All clients applying for or currently receiving child care assistance are required to provide proof of income, which includes child support. When one or both of the child's parents are absent from the home, the client shall apply for child support through Child Support Enforcement Division (CSED) within six months of initial application with the child care assistance program unless an exception applies. If the client is not approved for an exception from applying with CSED and has not applied within the required timeframe, the client's case will be closed.

Non-custodial parent(s): _____

Child(ren) Name: 1. _____ 2. _____
3. _____ 4. _____

☐ **YES, I am currently receiving Child Support. Provide documentation on proof of income.** (If you are not receiving child support consistently, please provide supporting documentation.)

☐ I am receiving the following in place of child support, including but not limited to housing, clothing, food, transportation and funds. Provide documentation on proof of child support to include a dollar amount.

☐ **NO, I am not currently receiving Child Support.**

☐ I have concerns having any type of contact with the non-resident parent due to health or safety reasons for my family (A good cause statement or documentation must be attached with this form).

☐ I agree and understand the requirement to apply for child support with CSED.

☐ I previously applied with Child Support Enforcement Division on (date) _____ and have no changes with my child support case status.

☐ I believe I qualify for an exception to the requirement to apply for child support (Please check any exceptions to the requirement for applying with CSED, as described in 8.15.2.13 H NMAC. Documentation to verify any exceptions stated below must be provided with this form).

☐ Good cause exists. Good cause may be approved when such application is not in the best interest of the child or parent.

☐ I am currently receiving TANF

☐ There is a joint custody agreement and neither parent is ordered to pay support

☐ Parental rights have been terminated

☐ I am a foster parent to the child

☐ I am an adoptive parent and can provide proof of a single parent adoption

☐ Other parent is temporarily out of the home and is still considered part of the household

☐ I am a teen parent

☐ I am the grandparent/ guardian of child(ren)

☐ Parent of the child(ren) is deceased

As required by law (32A-4-3), "every person ... who knows or has a reasonable suspicion that a child is an abused or a neglected child shall report the matter immediately." Child abuse or neglect should be reported to # SAFE (#7233) from a cell phone or 1-855-333-SAFE.

Client's Signature

Date

- ☐ Client is required to apply with CSED
- ☐ Client is exempt from applying with CSED as listed above
- ☐ Good cause exists for client not to apply with CSED
- ☐ Client is currently receiving Child Support as listed above
- ☐ Client has applied with CSED and currently meets policy requirements

Eligibility Worker Signature _____ Date _____

Early Childhood Services/Child Care Services Bureau

3401 Pan American Fwy, NE

Albuquerque, New Mexico 87107

Phone: (505) 841-4801 Fax: (505) 841-4803

Client/Provider Change Report

☐ Client ☐ Provider

Caseworker: _____

Name: _____

Address: _____

Phone #: _____ Date: _____

☐ **Change of Address (Provide Verification) and/or Phone Number: (Effective Date: _____)**
New Address: _____ Zip Code: _____
New Phone Number: _____

☐ **Change of Employment (Verification of Work or a work letter must be attached and/or check stubs with a New Application). Last date of previous employment: _____**
Effective Date of new employment: _____
Employer Name & Phone Number: _____
Employer Address: _____

☐ **Change of Hours (Effective Date: _____)**
(Verification from employer and/or a new school schedule must be attached and/or check stubs and a New Application) Days/Hours needed: _____

☐ **Change of Provider (Effective Date: _____) < Provider must be Registered or Licensed**
Last Date of Attendance: _____ Balance Owed: ☐ No ☐ Yes \$ _____
New Provider Name & Phone Number _____
New Provider Address _____

☐ **Drop** ☐ **Add Child on Child Care Placement Agreement and/or** ☐ **Add a New Household Member**
(New Application required) (Effective Date: _____)
Name of Child: _____ Name of Child: _____
New Household Member and/or Parent: _____
Reason: _____

☐ **Case Closure - Effective Date (last day of attendance): _____**

Comments: _____

Client / Provider Signature: _____ Date: _____

Office Use Only

Action Taken: ☐ Provider Notification ☐ Client Notification ☐ Narrative ☐ Update FACTS
Worker Comments: _____

Per procedure 8.15.2.13.F Action taken ☐ Yes ☐ No Didn't change the need for care
Didn't benefit the client

Worker Signature _____ Date _____