

## LEGAL FACT SHEET

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### Non-Parent Caregiver Grant: How to Fill in the Application

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#### The Application

To apply for a Non-Parent Caregiver grant, the 28-page application (LDSS-2921 Statewide) must be completed.

This application is used to apply for:

- Public Assistance (*Note that the Non-Parent Grant is considered Public Assistance*)
- Child Care in lieu of Public Assistance
- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid and SNAP
- Medicaid and Public Assistance
- Services, including Foster Care
- Child Care Assistance
- Emergency Assistance Only

Documents Needed:

- Birth Certificate(s)
- Social Security Card(s)
- Proof of Residency of the Child(ren)
- Proof of Relationship
  - This can be established with an attestation and either school records or statements from others (00-INF-06, p.2.)
- Proof of Income (if any) for child(ren)
- School Verification (if child(ren) in school)
- Landlord Form
- Homeowners may be requested to supply:
  - Mortgage books/records
  - Property and school tax records
  - Landlord statement
  - Homeowner's insurance
  - Fuel bills
  - Lead paint form filled out

Caregivers may apply for any of the services listed above.

If you need SNAP, you will apply for the entire household in most cases. You may be able to file a separate application if someone is elderly or disabled.

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If you need Child Care Assistance, only the income of the child will be used to determine eligibility 18 NYCRR 415.1(l)(1)(iv). However, you will need to provide your work schedule and will only be eligible if funds are available. *If there are other reasons that childcare may be requested, such as medical need, a note from doctor is required stating that your medical need is enough to warrant the need for childcare.*

The public assistance grant is based on the child(ren)'s income and resources only, not the caregivers.

Non-parent caregivers who seek Public Assistance do not need to have court-ordered custody of the child(ren) in their care, nor do they need to pursue guardianship to be eligible for a Public Assistance grant for the child(ren) 05 INF-24, page 3.

If you are applying for more than one child, and they are related you may file one application for all of the children.

### Line by Line Notes on Completing the Application

#### **WRITE ON TOP OF THE SECOND PAGE, "NON-PARENT CAREGIVER CASE"**

##### **Page 1:**

If you are blind or visually impaired, write an "X" in "Yes" and write an "X" in the format you choose. If you are not blind or visually impaired, write an "X" in "No"

##### **Page 2:**

In section 1, write an "X" in the corresponding box for each program you are applying for. As the caregiver, write your information on this page. In section 2, write an "X" in the corresponding box for your primary language and the language you want to receive notices. In section 3, write your information. In section 4, if you are applying for SNAP, sign and date where indicated. In section 5, write an "X" in the box next to any of the issues that apply to you. If none apply, do not write an "X."

##### **Page 3:**

In section 6, list everyone in your household even if they are not applying for benefits. Write an "X" in "PA"- (*The Non Parent Grant is a PA benefit*) box next to the child's name. If you are also applying for Medicaid, write an "X" in "MA (*next to the child's name*)."

If you or anyone in your home has used another name, write the other name in the corresponding space.

##### **Page 4:**

In section 7, write an "X" in the corresponding box for each person on page 3.

##### **Page 5:**

In section 8, list everyone in your household and write an "X" in the appropriate box. If a person is a non-citizen, write their non-citizen number if applicable. In section 9, sign your name for yourself and for all children under age 17. If someone in the household over the age of 17 cannot write their name and signs with an "X," the person who witnesses the person signing with an "X" signs and dates the bottom of this page.

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### **Page 6:**

Answer the questions in section 10. Write down as much information as you know about both parents. If you don't know the name of a parent, write "Mother – Unknown" or "Father – Unknown." If you know the name of a parent but not their current address, write their name and "Address Unknown" underneath.

Good cause must be shown by documentary evidence such as sworn statements from others, medical records, or court documents.

The Office of Temporary and Disability Assistance has made clear that "special consideration related to emotional harm is especially important in determining good cause for failure to cooperate with child support requirements for the non-parent caregiver 08-INF-16.

The penalty for failure to cooperate with child support enforcement is a 25% penalty in the household's grant SSL §131(16).

### **Page 7:**

In section 11, list everyone who filed income taxes. Write an "X" in the corresponding box for the status claimed in the last taxes filed. In sections 12, 13, and 14, answer if any of those situations apply to the child.

### **Pages 8 & 9:**

In sections 15 and 16, complete for the caregiver and child(ren). All income, even the caregiver's, must be reported. Although federal TANF reporting requirements mandate that the caregivers disclose their income and resources as a condition of eligibility for the child(ren), the caregiver does not need to verify their information. 05-INF-24, p. 4

### **Pages 10 & 11:**

In section 17, enter your employment info on the first line and any other person who is employed in the household on the 2<sup>nd</sup> line. This is required by the government. However, you will not need to provide income verification unless you are also applying for assistance, or you are legally responsible for the child(ren).

### **Page 12:**

In section 18, complete all information as if the child(ren) was applying. You do not need to provide your information unless you are also applying for assistance, or you are legally responsible for the child(ren).

### **Page 13 & 14:**

In sections 19 and 20, complete for the caregiver *and all others in the household* and child(ren). All income, even the caregivers, must be reported. Although federal TANF reporting requirements mandate that the caregivers disclose their income and resources as a condition of eligibility for the child(ren), the caregiver does not need to verify their information. 05-INF-24, p. 4.

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### **Page 15:**

In the “Health Plan Selection” section, if the child(ren) already has Medicaid and is not also enrolled in a managed care health plan, use this section to choose a health plan. If you do not know what health plans are available, please ask the worker.

In section 21, for the purposes of the grant, enter your landlord’s name and contact info if you are a renter, or if you own your home- you are the landlord. As the applicant, you can choose to be the landlord and receive a rent payment or choose to receive room and board. If you own your own home or rent and also want a fuel allowance, you will need to provide shelter and fuel expenses and provide the landlord’s information (if applicable). One way to determine the amount of rent charged to the child(ren) is to pro-rate the rent among the number of household members. The maximum rent allowance available is the shelter allowance which varies in each county. You can find the amounts of the shelter allowances by county at the following chart:

### [Standards of Needs Chart](#)

### **Page 16:**

In the remaining part of section 21, if you pay for any of the listed utilities, write “X” in the corresponding “Yes” box and write your average monthly payment. If you do not pay for any of the listed utilities, write an “X” in the corresponding “No” box. Answer the rest of the questions in that section accordingly. In section 22, complete as if the child was applying.

### **Page 17:**

In section 23, complete as if the child(ren) was applying. You do not need to provide your information unless you are also applying for assistance, or you are legally responsible for the child(ren).

### **Page 18:**

Do not write on this page; this page is for the worker.

### **Pages 19, 20, & 21:**

Read these pages of notices, assignments, authorizations, and consents. If you do not understand the information or have questions, please ask the DSS worker.

### **Page 22:**

You do not sign on page 22. That is for someone who applies for SNAP on your behalf.

Read the other section on this page.

Read the Release of Medical Information section on this page. If you do not consent to have the information released, write an “X” in the corresponding box or boxes.

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### **Page 23 & 24:**

Read these pages. If you do not understand the information or have questions, please ask the DSS worker.

### **Page 25:**

Read the top sections of this page. If you do not understand the information or have questions, please ask the DSS worker.

Read the affirmation. Sign and date the application.

If, after you've signed, dated, and brought the application to DSS and decide to withdraw your application, write an "X" in the corresponding box. Sign and date your withdrawal. You may reapply at any time.

### Documents Needed:

- Birth Certificate(s)
- Social Security Card(s)
- Proof of Residency of the Child(ren)
- Proof of Relationship
  - This can be established with an attestation and either school records or statements from others (00-INF-06, p.2.)
- Proof of Income (if any) for child(ren)
- School Verification (if child(ren) in school)
- Landlord Form

### **Application Assistance**

Note that the Department of Social Services office is required to assist the applicant in making out the application. If the local office has a file for the child or children, then the birth certificates and Social Security numbers may be in the file. The local office should provide them.

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### Your Right to Apply and to Appeal a Denial

#### Right to Apply

If you are not permitted to apply, then ask to speak to a supervisor or the Fair Hearing Unit while you are still at the local office. You have the right to apply, no matter what reasons are given to deter you from applying. Write down details, including names of the staff and the reasons that they are giving to you.

#### Right to Appeal a Denial

If your application for benefits is denied, then you should appeal. Ask for a Fair Hearing as soon as possible, no later than 60 days (90 days for SNAP). You can request a fair hearing on line at: <https://otda.ny.gov/hearings> or call 800-342-3334, or fax a request to 518-473-6735, or via mail to NYS OTDA, Office of Administrative Hearings, P.O. Box 1930, Albany, NY 12201.

The above information is not legal advice. It is not a substitute for consulting an attorney. Up-to-date legal advice and legal information can only be obtained by consulting with an attorney. Any opinions, legal opinions, findings, conclusions or recommendations expressed in this publication or on the NYS Kinship Navigator website or by any person or entity to whom you may be referred are those of the Kinship Navigator, Catholic Charities Family and Community Services and/or the person or entity you are referred to and do not necessarily represent the official views, opinions, legal opinions or policy of the State of New York and/or the New York State Office of Children and Family Services (OCFS). NYS Kinship Navigator is a Catholic Charities Family and Community Services program, funded by the New York State Office of Children and Family Services. Catholic Charities Family and Community Services is the only agency authorized by New York State to provide a statewide information and referral service to kinship caregivers. The information herein is published by the NYS Kinship Navigator.