

## Certification of Family Eligibility For COVID-19 Childcare Payments

The undersigned: (1) certifies that their annual family household, defined as those adults and/or children residing in the same residence as the child for whom care is being paid for, income is below 300% of the poverty level which means that their annual household income for the number of members in their family is below the amount listed in the chart below;

Family Size	300% of Poverty Level	Family Size	300% of Poverty Level
1	\$38,280	5	\$92,040
2	\$51,720	6	\$105,480
3	\$65,160	7	\$118,920
4	\$78,600	8	\$132,360

(2) certifies that they (check one) are ☐ or, are not ☐ in receipt of a childcare subsidy through their Local Department of Social Services;

(3) certifies that the caretakers (parents) are essential workers (as defined in Emergency Order 202.6-8).

(4) acknowledges that the New York State Office of Children and Family Services (OCFS) and/or the New York State Office of the State Comptroller (OSC) may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements and claims made with respect to annual family household income; and

(5) certifies that the statement provided is true and accurate and acknowledges that the law provides severe penalties for false statements.

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**PRINT NAME**

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**DATE**

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**SIGNATURE**