



Please provide information on your eligible child(ren) or child(ren) expected to be added to your family this year. For the boxes labeled *Relationship to You* and *Type of Child Care*, please use the key in the lower section of this form:

Name: \_\_\_\_\_ Relationship to You\*: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Estimated Annual Cost of Child Care: \_\_\_\_\_ Type of Child Care\*\*: \_\_\_\_\_  
 Anticipated Child Care Provider: \_\_\_\_\_ SSN/EIN of Provider: \_\_\_\_\_  
 Address of Anticipated Child Care: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You\*: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Estimated Annual Cost of Child Care: \_\_\_\_\_ Type of Child Care\*\*: \_\_\_\_\_  
 Anticipated Child Care Provider: \_\_\_\_\_ SSN/EIN of Provider: \_\_\_\_\_  
 Address of Anticipated Child Care: \_\_\_\_\_

**DEPENDENT ELIGIBILITY**

You may apply for the child care subsidy for eligible dependents that are younger than 6 years old.

I am pregnant, or my spouse/partner is pregnant  I am currently planning to adopt a child  
 Anticipated Date of Birth: \_\_\_\_\_ Anticipated Date of Adoption or Placement: \_\_\_\_\_  
 Estimated Annual Cost of Child Care: \_\_\_\_\_ Type of Child Care\*\*: \_\_\_\_\_  
 Name and Address of Anticipated Child Care: \_\_\_\_\_

\* For *Relationship to You*, please utilize the following choices and place the letter in the above designated section. Eligible dependents must meet the definition of tax dependents as defined by the IRS.

- A. Biological or adopted child (includes children that have been placed with you for adoption)
- B. Child of a spouse
- C. Child for whom you or your spouse has either legal custody or has been appointed legal guardian

\*\* For *Type of Child Care*, please utilize the following choices and place the number in the above designated section. This information is important for us to better understand our employees' needs.

**Informal care (#1 - #4): Provider is required to claim income from child care services provided on taxes**

- 1. A person who provides child care in his/her home for a maximum of two children at a time, in addition to his/her own children.
- 2. A person or program providing care for any number of children for fewer than three hours a day.
- 3. A person who provides care in the home of the child (in-home care).
- 4. A person who is closely related to the children in care (ex. grandparents, aunts, uncles, 1st cousins)

**Regulated Care (#5 - #8): Provider is regulated by the NYS Office of Children and Family Services**

- 5. Licensed Day Care Center: Care is provided to 6 or more children for more than 3 hours a day, usually at a location other than a residence.
- 6. Registered Small Day Care Center: Care is provided to 3 - 6 children at a location other than a residence.
- 7. Registered Family Day Care: One provider, age 18 or older, receives a permit to care for a maximum of 5 to 8 children in a personal residence.
- 8. Licensed Group Family Day Care: Care is provided on a regular basis for a maximum of 10 to 14 children in a personal residence by approved caregivers who are age 18 or older. A minimum of 2 providers must be present whenever 7 or more children are in care.

<p><b>2016 FSA INSTRUCTIONS</b></p>	<p><b>Please select one option:</b></p> <p><input type="checkbox"/> I have already elected a Dependent Care Flexible Spending Account for 2017. If approved for this benefit, please keep my salary deductions the same and increase my total election by the subsidy. I understand that my household maximum contribution cannot be more than \$5,000 annually and if the total election exceeds this, my salary deductions will be reduced.</p> <p><i>Example 1: I originally elected \$3,000 and receive a subsidy for \$1,000 – my new FSA election is \$4,000 and my annual salary deductions will remain at \$3,000</i></p> <p><i>Example 2: I originally elected \$4,000 and receive a subsidy for \$2,000 – my new FSA election is \$5,000 and my annual salary deductions are reduced to \$3,000</i></p> <p><input type="checkbox"/> I have already elected a Dependent Care Flexible Spending Account for 2017. If approved for this benefit, please decrease my salary deductions by the subsidy leaving my total elections the same.</p> <p><i>Example: I originally elected \$3,000 and receive a subsidy for \$1,000 – my FSA election remains at \$3,000 and my annual salary deductions will be reduced to \$2,000</i></p> <p><input type="checkbox"/> I have not enrolled in a Dependent Care Flexible Spending Account for 2017. Please set up an account in my name</p>
<p><b>EMPLOYEE VERIFICATION</b></p>	<p><b>Please attest to the following:</b></p> <p><input type="checkbox"/> I attest that I will be claiming the child(ren) listed on this form as dependents on my tax return for the year in which I receive the subsidy. In addition, if approved for the benefit, I will request reimbursement from the flexible spending account administrator only for eligible expenses for the children approved for this subsidy. By virtue of my signature, I am verifying that all information provided on this form is true and complete.</p> <p><b>Note: Print, sign and scan this form to email, or print and sign to deliver to HR as directed below.</b></p> <p>Signature: _____ Date: _____</p> <p><b>This application and all required signed Federal Income Tax Returns and supporting documentation must be submitted to the Office of Human Resources via email at <a href="mailto:hrservic@syr.edu">hrservic@syr.edu</a> or in person at the HR Office in the Skytop Office Building by December 9, 2016.</b></p> <p>If your application for the child care subsidy is approved, you will be notified via email to your syr.edu account.</p>
<p><b>INTERNAL USE ONLY</b></p>	<p><input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED</p> <p>REVIEWER: _____ DATE: _____</p> <p>SUBSIDY: _____</p>

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## APPLICATION CHECKLIST

For your convenience and timely processing, a checklist is provided below to ensure all requested documents are provided at the time of submission. The application and your supporting documents must be submitted to the Office of Human Resources via email ([hrservic@syrr.edu](mailto:hrservic@syrr.edu)) or in person (Skytop Office Building, Room 101) by December 7, 2016.

2015 1040 for employee (first two pages with the second page signed)

2015 1040 for co-applicant, if filed separately (first two pages with the second page signed)

Two most recent paycheck stubs for employee

Two most recent paycheck stubs for co-applicant, if employed at least part-time

Proof of dependent's eligibility (i.e. birth certificate, adoption paperwork, or legal custody paperwork) if not already on file with the Office of Human Resources. You may call the HR Service Center at 315-443-4042 with inquiries.

Documentation supporting self-employment (i.e. Certificate of Organization, 2015 form 2095, or other documents filed with the IRS indicating income)

Signature and date on third page of application