Early Childhood Education and Care Department Child Care Services Bureau Child Care Assistance Program

Child Care Assistance Acceptable Documents for Verification

•	Verification Type Acceptable Documentation or Information (examples)
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STATE OF NEW MEXICO EARLY CHILDHOOD EDUCATION & CARE DEPARTMENT CHILD CARE ASSISTANCE APPLICATION

SECTION I - Participant Information	Date Received (MM/DD/YYYY)	
Your Name: (First Name MI Last Name)	Single Married Divorced Separated Widowed	
Physical Address /No. & Street	Mailing Address/PO Box	
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	SECTION V - Your Rights and Responsibilities	
	Please: (1) read each section carefully; (2) make sure you understand each statement; (3) ask for clarification as needed; and (4) sign and date at the bottom.	
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