Documents needed for Child Care Applicants

Please call (505)476-5440 to schedule an appointment. The office is located at 1920 5th Street, Santa Fe, NM 87505.

- Current proof of earned and unearned income (including child support) for applicant and biological parent living in the household, if applicable. Documents must be through the current date. (At least paychecks stubs for the last month)
- School schedule, if applicable, for applicant and biological parent living in the household (if applicable)
- Verification of birth for all applicant children
- Proof of residency
- Name, address and phone number of the child care provider selected (for new registered home providers, the provider's social security card and picture ID are needed)

I called to schedule an appointment and they were able to offer an appointment within a week and were able to give me options on times.

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

Date Received:

Si nececita esta applicacion en Español digale a la recepcionista. Applications are processed within 10 days of receiving the completed form and required verification. Please answer all questions completely using a black or blue pen. Please print legibly.

SECTION I - Participant Information

Your Name		◯ Single ◯ Married ◯ Divorced ◯ Separated	
Physical Address /No. & Street		Mailing Address/PO Box	
City State Zip Code		City State Zip Code	
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, Guard/Reserve	

Why do you need child care? ☐ **Working** ☐ **Going to School** ☐ **Work Experience** ☐ **Training Program**

SECTION II - Verifications

Have you ever received childcare 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, adult members, all children under the age of 18 for whom you are responsible.

Household Members:	Race (see table below)	Hispanic (Yes or No)	(Optional) Social Security Number	Birth Date MM/DD/YY	Gender M/F	Relationship to You	Does child have a Disability? Yes/No

Race Types and Codes:

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Pacific Islander
5. White
6. Other (please specify above)

SECTION IV - Unearned Income and Employment Information

Are you receiving any of the following:			Name of Person Working	Employers Name, Address & Phone Number
TANF and/or government assistance(ex. VISTA,.AmeriCorp, etc.)	☐ YES	☐ NO		
Food Stamps/SNAP	☐ YES	☐ NO		
Child Support	☐ YES	☐ NO		
Cash/Stipends/Gifts/Other	☐ YES	☐ NO		
Social Security Benefits/Supplemental Security Income **(Disability)**	☐ YES	☐ NO		
Unemployment Compensation Benefits	☐ YES	☐ NO		
Housing Voucher(HUD)	☐ YES	☐ NO		
Does your family's assets exceed $1,000,000?	☐ YES	☐ NO		

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 the 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

I understand that I, or my representative, may request a Fair Hearing if I do not agree with any decision made on any matter concerning my case and that the request for a Fair Hearing must be made in writing within 30 days from the date that the Department took action affecting my benefits. I understand that I have the right to examine, prior to the hearing, my case record and documents used in the determination of the appealed action. If I elect to continue receiving benefits pending the outcome of the Fair Hearing, I may be required to repay this money if the decision is not in my favor unless the Hearing Officer or Division Director authorize otherwise.

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 - Office Use Only

Child Care Application is an: Intake ☐ Re-Certification ☐ WPA ☐ Other ☐	Total Monthly Average for Self Employment Gross Income-Total Expenses=Net Income	**Total Income $**
Comments:		
Case Worker Signature _____ **Date** _____	**Child Care Application is:** Approved ☐ Denied ☐	

CHILD CARE SERVICES BUREAU OFFICES

CENTRAL REGION

Patricia Steward, Central Regional Operations Manager 3401 Pan American Freeway NE, Albuquerque, NM 87107			PHONE # (505) 841-4842	FAX# (505) 841-4803
Terrence Smith, Assistance Supervisor 3401 Pan American Freeway NE, Albuquerque, NM 87107			(505) 841-4819	(505) 841-4803
Monica Terrazas, Assistance Supervisor 3401 Pan American Freeway NE, Albuquerque, NM 87107			(505) 841-4843	(505) 841-4803
COUNTY	FIELD OFFICE	ADDRESS:	PHONE #	FAX #
Bernalillo	Albuquerque	3401 Pan American Freeway NE, Albuquerque, NM 87107	(505) 841-4801	(505) 841-4803
Sandoval	Rio Rancho	4359 Jager Drive NE Ste A, Rio Rancho, NM 87144	(505) 771-5900	(505) 867-8490
Socorro	Albuquerque	3401 Pan American Freeway NE, Albuquerque, NM 87107	(505) 841-4801	((505) 841-4803
Valencia	Los Lunas	750 Morris Rd., Los Lunas, NM 87031	(505) 866-2314	(505) 866-2322
Torrance	Moriarty	3401 Pan American Freeway NE, Albuquerque, NM 87107	(505) 841-4801	(505) 841-4803

NORTHERN REGION

Patricia Steward, Northern Regional Operations Manager 3401 Pan American Freeway NE, Albuquerque, NM 87107			PHONE # (505) 841-4842	FAX# (505) 841-4803
Sara Chavez, Assistance Supervisor 1920 5th Street, Santa Fe, NM 87505			(505) 476-2318	(505) 285-4566
COUNTY	FIELD OFFICE	ADDRESS:	PHONE #	FAX #
Cibola	Grants	1019 East Roosevelt, Grants, NM 87020	(505) 285-6673 x1116	(505) 285-4566
Colfax/ Harding/ Union	Raton	2518 Ridgerunner Rd, Las Vegas, NM 87701	(505) 425-2832 x1301	(505) 454-4577
McKinley	Gallup	1720 E. Aztec, Gallup, NM 87301	(505) 726-8449	(505) 863-0812
Rio Arriba/ Los Alamos	Espanola	912 N Railroad Ave. Espanola, NM 87532	(505) 753-0222	(505) 747-3278
San Juan	Farmington	2800 Farmington, Farmington, NM 87401	(505) 325-0820	(505) 326-6626
San Miguel/ Mora	Las Vegas	2518 Ridgerunner Rd, Las Vegas, NM 87701	(505) 425-2832 x1301	(505) 454-4577
Santa Fe	Santa Fe	1920 5th Street, Santa Fe, NM 87505	(505) 476-5440	(505) 827-4250
Taos	Taos	1308 Gusdorf, Taos, NM 87571	(575) 751-9631	(575) 758-4151

SOUTHWEST REGION

Beatriz Favela, Southwest Regional Operations Manager 760 N. Motel Blvd. Ste. C. Las Cruces, NM 88005			PHONE # (575) 373-6613	FAX# (575) 373-6648
Sergio Monarrez, Assistance Supervisor 945 Anthony, Anthony, NM 88021			(575) 882-7871 x1113	(575) 882-7850
Frances Duran, Assistance Supervisor 760 N. Motel Blvd, Ste C, Las Cruces, NM 88005			(575) 373-6635	(575) 373-6648
COUNTY	FIELD OFFICE	ADDRESS:	PHONE #	FAX #
Carton/ Grant/Hidalgo	Silver City	3082 32nd By Pass Rd Ste A, Silver City, NM 88061	(575) 538-0259	(575) 534-9031
Luna	Deming	918 E. Pear, Deming, NM 88030	(575) 546-6557 x 1107	(575) 546-7114
Dona Ana Northern Region	Las Cruces	760 N. Motel Blvd, Ste C, Las Cruces, NM 88005	(575) 373-6640	(575) 373-6648
Dona Ana Southern Region	Anthony	945 Anthony, Anthony, NM 88021	(575) 882-7871	(575) 882-7850
Sierra	Anthony	161 New School Rd. T or C, NM 87901	(575) 882-7871	(575) 882-7850
Lincoln/ Otero	Alamogordo	2200 Indian Wells Rd, Alamogordo, NM 88310	(575) 439-1730	(575) 443-8810

SOUTHEAST REGION

Beatriz Favela, , Southwest Regional Operations Manager 760 N. Motel Blvd. Ste. C. Las Cruces, NM 88005			PHONE # (575) 373-6613	FAX# (575) 373-6648
Linda Lopez, Assistance Supervisor #4 Grand Ave. Plaza Ste A, Roswell, NM 88202			(575) 625-1078	(575) 625-6748
COUNTY	FIELD OFFICE	ADDRESS:	PHONE #	FAX #
Chaves	Roswell	#4 Grand Ave. Plaza Ste A, Roswell, NM 88202	(575) 625-1078	(575) 625-6748
Curry/De Baca/ Guadalupe/Quay	Clovis	221 W. Llano Estacado Blvd, Clovis, NM 88101	(575) 742-3950	(575) 769-0944
Eddy	Carlsbad	901 De Baca St., Carlsbad, NM 88220	(575) 628-6141	(575) 887-5257
Lea/Roosevelt	Hobbs	907 West Calle Sur, Hobbs, NM 88240	(575) 391-3500	(575) 397-3472

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

Child Care Assistance Income Guidelines
April 2018 through March 2019

Household Size	Annual Poverty Level	150% FPL Monthly	200% FPL Monthly
2	$16,460.00	$2,057.50	$2,743.33
3	$20,780.00	$2,597.50	$3,463.33
4	$25,100.00	$3,137.50	$4,183.33
5	$29,420.00	$3,677.50	$4,903.33
6	$33,740.00	$4,217.50	$5,623.33
7	$38,060.00	$4,757.50	$6,343.33
8	$42,380.00	$5,297.50	$7,063.33
9	$46,700.00	$5,837.50	$7,783.33
10	$51,020.00	$6,377.50	$8,503.33
11	$55,340.00	$6,917.50	$9,223.33
12	$59,660.00	$7,457.50	$9,943.33
13	$63,980.00	$7,997.50	$10,663.33
14	$68,300.00	$8,537.50	$11,383.33
15	$72,620.00	$9,077.50	$12,103.33
For Each Additional Family Member add	$4,320.00	$540.00	$720.00

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

Child Care Services Bureau Co-Pay Schedule

April 2018 through March 2019

Monthly Income			Family Size	Family Size 2	3	4	5	6	7	8	9	10	11	12	13	14	15
0 to 450	0	to	451														
451 to 500	451	to	501	7													
501 to 550	501	to	551	8													
551 to 600	551	to	601	10	8												
601 to 650	601	to	651	12	10												
651 to 700	651	to	701	14	11												
701 to 750	701	to	751	16	13	11											
751 to 800	751	to	801	19	15	12											
801 to 850	801	to	851	21	17	14	12										
851 to 900	851	to	901	24	19	16	14										
901 to 950	901	to	951	27	21	18	15										
951 to 1000	951	to	1001	30	24	20	17	15									
1001 to 1050	1001	to	1051	33	27	22	19	16									
1051 to 1100	1051	to	1101	37	29	24	21	18	16								
1101 to 1150	1101	to	1151	41	32	27	23	20	18								
1151 to 1200	1151	to	1201	44	35	29	25	22	19	17							
1201 to 1250	1201	to	1251	48	38	32	27	24	21	19							
1251 to 1300	1251	to	1301	52	41	34	29	26	23	20							
1301 to 1350	1301	to	1351	57	45	37	32	28	24	22	20						
1351 to 1400	1351	to	1401	61	48	40	34	30	26	24	21						
1401 to 1450	1401	to	1451	66	52	43	37	32	28	25	23	21					
1451 to 1500	1451	to	1501	70	56	46	39	34	30	27	25	23					
1501 to 1550	1501	to	1551	75	60	49	42	37	33	29	27	24	22				
1551 to 1600	1551	to	1601	80	64	53	45	39	35	31	28	26	24				
1601 to 1650	1601	to	1651	86	68	56	48	42	37	33	30	28	25				
1651 to 1700	1651	to	1701	91	72	60	51	44	39	35	32	29	27	25			
1701 to 1750	1701	to	1751	97	77	63	54	47	42	38	34	31	29	27			
1751 to 1800	1751	to	1801	102	81	67	57	50	44	40	36	33	30	28	26		
1801 to 1850	1801	to	1851	108	86	71	61	53	47	42	38	35	32	30	28		
1851 to 1900	1851	to	1901	114	91	75	64	56	50	44	40	37	34	32	29	28	
1901 to 1950	1901	to	1951	121	96	79	68	59	52	47	43	39	36	33	31	29	
1951 to 2000	1951	to	2001	127	101	83	71	62	55	49	45	41	38	35	33	31	
2001 to 2050	2001	to	2051	134	106	88	75	65	58	52	47	43	40	37	34	32	30
2051 to 2100	2051	to	2101	141	111	92	79	69	61	55	50	45	42	39	36	34	32
2101 to 2150	2101	to	2151	147	117	97	83	72	64	57	52	48	44	41	38	36	33
2151 to 2200	2151	to	2201	155	122	101	86	75	67	60	54	50	46	43	40	37	35
2201 to 2250	2201	to	2251	162	128	106	91	79	70	63	57	52	48	45	42	39	37
2251 to 2300	2251	to	2301	169	134	111	95	83	73	66	60	55	50	47	44	41	38
2301 to 2350	2301	to	2351	177	140	116	99	86	77	69	62	57	53	49	46	43	40

Monthly Income			Family Size	2	3	4	5	6	7	8	9	10	11	12	13	14	15
2351 to 2400	2351	to	2401	185	146	121	103	90	80	72	65	60	55	51	48	45	42
2401 to 2450	2401	to	2451	193	153	126	108	94	83	75	68	62	57	53	50	46	44
2451 to 2500	2451	to	2501	201	159	132	112	98	87	78	71	65	60	55	52	48	45
2501 to 2550	2501	to	2551	209	166	137	117	102	90	81	74	67	62	58	54	50	47
2551 to 2600	2551	to	2601	217	172	143	122	106	94	84	77	70	65	60	56	52	49
2601 to 2650	2601	to	2651	226	179	148	126	110	98	88	80	73	67	62	58	54	51
2651 to 2700	2651	to	2701	235	186	154	131	115	102	91	83	76	70	65	60	57	53
2701 to 2750	2701	to	2751	244	193	160	136	119	105	95	86	79	73	67	63	59	55
2751 to 2800	2751	to	2801	253	200	166	141	123	109	98	89	82	75	70	65	61	57
2801 to 2850	2801	to	2851	262	208	172	147	128	113	102	92	85	78	72	67	63	59
2851 to 2900	2851	to	2901	272	215	178	152	132	117	105	96	88	81	75	70	65	62
2901 to 2950	2901	to	2951	281	223	184	157	137	122	109	99	91	84	78	72	68	64
2951 to 3000	2951	to	3001	291	230	191	163	142	126	113	103	94	87	80	75	70	66
3001 to 3050	3001	to	3051	301	238	197	168	147	130	117	106	97	90	83	77	73	68
3051 to 3100	3051	to	3101	311	246	204	174	152	135	121	110	100	93	86	80	75	71
3101 to 3150	3101	to	3151	321	255	211	180	157	139	125	113	104	96	89	83	77	73
3151 to 3200	3151	to	3201	332	263	218	186	162	143	129	117	107	99	92	85	80	75
3201 to 3250	3201	to	3251	342	271	225	192	167	148	133	121	110	102	94	88	83	78
3251 to 3300	3251	to	3301	353	280	232	198	172	153	137	124	114	105	97	91	85	80
3301 to 3350	3301	to	3351	364	288	239	204	178	157	141	128	117	108	100	94	88	83
3351 to 3400	3351	to	3401	375	297	246	210	183	162	146	132	121	112	104	97	90	85
3401 to 3450	3401	to	3451	386	306	253	216	189	167	150	136	125	115	107	99	93	88
3451 to 3500	3451	to	3501	398	315	261	223	194	172	155	140	128	118	110	102	96	90
3501 to 3550	3501	to	3551	410	324	269	229	200	177	159	144	132	122	113	105	99	93
3551 to 3600	3551	to	3601	421	334	276	236	206	182	164	149	136	125	116	108	102	96
3601 to 3650	3601	to	3651	433	343	284	242	211	187	168	153	140	129	120	111	104	98
3651 to 3700	3651	to	3701	445	353	292	249	217	193	173	157	144	132	123	115	107	101
3701 to 3750	3701	to	3751	458	363	300	256	223	198	178	161	148	136	126	118	110	104
3751 to 3800	3751	to	3801	470	372	308	263	229	203	183	166	152	140	130	121	113	107
3801 to 3850	3801	to	3851	483	382	317	270	236	209	187	170	156	144	133	124	116	109
3851 to 3900	3851	to	3901	496	393	325	277	242	214	192	175	160	147	137	127	119	112
3901 to 3950	3901	to	3951	508	403	333	284	248	220	197	179	164	151	140	131	123	115
3951 to 4000	3951	to	4001	522	413	342	292	254	226	203	184	168	155	144	134	126	118
4001 to 4050	4001	to	4051	535	424	351	299	261	231	208	189	173	159	148	138	129	121
4051 to 4100	4051	to	4101	535	434	360	307	268	237	213	193	177	163	151	141	132	124
4101 to 4150	4101	to	4151	535	445	369	314	274	243	218	198	181	167	155	145	135	127
4151 to 4200	4151	to	4201	535	456	378	322	281	249	224	203	186	171	159	148	139	131
4201 to 4250	4201	to	4251	535	467	387	330	288	255	229	208	190	175	163	152	142	134
4251 to 4300	4251	to	4301	535	478	396	338	295	261	235	213	195	180	167	155	146	137
4301 to 4350	4301	to	4351	535	490	405	346	302	267	240	218	199	184	171	159	149	140
4351 to 4400	4351	to	4401	535	501	415	354	309	274	246	223	204	188	175	163	152	143
4401 to 4450	4401	to	4451	535	513	424	362	316	280	251	228	209	192	179	167	156	147
4451 to 4500	4451	to	4501	535	524	434	370	323	286	257	233	214	197	183	170	160	150
4501 to 4550	4501	to	4551	535	536	444	379	330	293	263	239	218	201	187	174	163	153
4551 to 4600	4551	to	4601	535	548	454	387	338	299	269	244	223	206	191	178	167	157

Monthly Income			Family Size	2	3	4	5	6	7	8	9	10	11	12	13	14	15
4601 to 4650	4601	to	4651	535	560	464	396	345	306	275	249	228	210	195	182	170	160
4651 to 4700	4651	to	4701	535	573	474	404	353	313	281	255	233	215	199	186	174	164
4701 to 4750	4701	to	4751	535	585	484	413	360	319	287	260	238	220	204	190	178	167
4751 to 4800	4751	to	4801	535	597	495	422	368	326	293	266	243	224	208	194	182	171
4801 to 4850	4801	to	4851	535	610	505	431	376	333	299	271	248	229	212	198	186	175
4851 to 4900	4851	to	4901	535	623	516	440	384	340	305	277	254	234	217	202	189	178
4901 to 4950	4901	to	4951	535	636	526	449	392	347	312	283	259	239	221	206	193	182
4951 to 5000	4951	to	5001	535	649	537	458	400	354	318	289	264	244	226	211	197	186
5001 to 5050	5001	to	5051	535	662	548	468	408	361	325	295	270	249	231	215	201	189
5051 to 5100	5051	to	5101	535	662	559	477	416	369	331	300	275	254	235	219	205	193
5101 to 5150	5101	to	5151	535	662	570	486	424	376	338	306	281	259	240	224	210	197
5151 to 5200	5151	to	5201	535	662	581	496	433	383	344	312	286	264	245	228	214	201
5201 to 5250	5201	to	5251	535	662	593	506	441	391	351	319	292	269	249	233	218	205
5251 to 5300	5251	to	5301	535	662	604	515	449	398	358	325	297	274	254	237	222	209
5301 to 5350	5301	to	5351	535	662	616	525	458	406	365	331	303	279	259	242	226	213
5351 to 5400	5351	to	5401	535	662	627	535	467	414	372	337	309	285	264	246	231	217
5401 to 5450	5401	to	5451	535	662	639	545	476	422	379	344	314	290	269	251	235	221
5451 to 5500	5451	to	5501	535	662	651	555	484	429	386	350	320	295	274	255	239	225
5501 to 5550	5501	to	5551	535	662	663	566	493	437	393	356	326	301	279	260	244	229
5551 to 5600	5551	to	5601	535	662	675	576	502	445	400	363	332	306	284	265	248	233
5601 to 5650	5601	to	5651	535	662	687	586	511	453	407	369	338	312	289	270	253	238
5651 to 5700	5651	to	5701	535	662	700	597	521	461	414	376	344	317	294	275	257	242
5701 to 5750	5701	to	5751	535	662	712	608	530	470	422	383	350	323	300	279	262	246
5751 to 5800	5751	to	5801	535	662	725	618	539	478	429	390	357	329	305	284	266	250
5801 to 5850	5801	to	5851	535	662	737	629	549	486	437	396	363	334	310	289	271	255
5851 to 5900	5851	to	5901	535	662	750	640	558	495	444	403	369	340	316	294	276	259
5901 to 5950	5901	to	5951	535	662	763	651	568	503	452	410	375	346	321	299	280	264
5951 to 6000	5951	to	6001	535	662	776	662	577	512	460	417	382	352	326	304	285	268
6001 to 6050	6001	to	6051	535	662	789	673	587	520	467	424	388	358	332	310	290	273
6051 to 6100	6051	to	6101	535	662	802	685	597	529	475	431	395	364	338	315	295	277
6101 to 6150	6101	to	6151	535	662	802	696	607	538	483	438	401	370	343	320	300	282
6151 to 6200	6151	to	6201	535	662	802	707	617	547	491	446	408	376	349	325	305	287
6201 to 6250	6201	to	6251	535	662	802	719	627	556	499	453	415	382	354	331	310	291
6251 to 6300	6251	to	6301	535	662	802	730	637	565	507	460	421	388	360	336	315	296
6301 to 6350	6301	to	6351	535	662	802	742	647	574	515	468	428	395	366	341	320	301
6351 to 6400	6351	to	6401	535	662	802	754	658	583	523	475	435	401	372	347	325	305
6401 to 6450	6401	to	6451	535	662	802	766	668	592	532	483	442	407	378	352	330	310
6451 to 6500	6451	to	6501	535	662	802	778	678	601	540	490	449	414	384	358	335	315

*Full chart available at CYFD. Please contact your local Child Care Assistance office, or call Early Childhood Services at (505) 827-7499 or 1-800-832.1321 or by email at cyfd-ecs-customerservice@state.nm.us