

Department of Social Services CHILD CARE PROVIDER FORM

Dear Provider,

Please complete this form. It will establish that the child care you provide is legal under the laws of New York State. PAYMENT WILL ONLY BE MADE AFTER THE CHILD CARE YOU PROVIDE HAS BEEN ESTABLISHED TO BE LEGAL.

PLEASE FORWARD THE COMPLETED FORM BY ____/____/____

TO: DSS Staff _____ CHILD DAY CARE SUBSIDIES
10 County Center Road-2nd Floor
White Plains, New York 10607

1) Provider's Name: _____
Address: _____
Telephone# : (914) ____ Cell #: _____
S.S. # OR Vendor #: _____

CASE NAME: _____
CASE/ S.S. No.: _____
Address: _____
Telephone # Home & Cell: (914) _____

2) Anticipated start date of care or the date you are seeking payment for: _____ (enter specific dates)

PLEASE provide information requested below for EACH CHILD ON THIS CASE in your care.

Child's Name	Child's Age	Time & Number of Day (s) in Care														Number of Hours Per Day	Total Hours Per Week	Amount You Charge Per Week	Providers Relationship to The Child
		M		T		W		TH		FR		SAT		SUN					
		In	Out	In	Out	In	Out	In	Out	In	Out	In	Out	In	Out				
(SAMPLE) John Doe	6	8 AM	4 PM	8 AM	4 PM	10 AM	5 PM	10 AM	5 PM	NA	NA	11 AM	6 PM	NA	NA	7	49	\$495.00	Aunt

COMPLETE A OR B BELOW

(A) UNLICENSED INDIVIDUALS COMPLETE THIS SECTION: (Circle one)

- I) Are you caring for more than 2 children who are related to you? **YES*** **NO** If yes, complete section 1 (B)
 II) Are you under 18 years of age? **YES*** **NO** If yes, complete section 1 (C)
 III) Is care provided in the child's home? **YES*** **NO** If yes, complete section 1 (A)

(B) LICENSED/REGISTERED PROVIDERS COMPLETE THIS SECTION

Type of care you provide (check one)

_____ Family Care _____ School Age Care
 _____ Center Based _____ Your license Number: _____
 _____ Group family Day Care _____ Expiration Date: _____

(C) IF YOUR ORGANIZATION IS LEGALLY EXEMPT PROVIDER OF GROUP DAY CARE, COMPLETE PAGE 2, AND SECTION 2 ON REVERSE SIDE.

YOU MUST COMPLETE AND SUBMIT PAGE 2 SECTION 1, BEFORE PAYMENT CAN BE EVALUATED.

*****THIS FORM MUST BE SIGNED BY PARENT & PROVIDER*****

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Providers Signature: _____ → Date: _____ → Customer's Signature: _____ Date: _____

SECTION 1
INFORMAL CAREGIVER

SELECT THE STATEMENT AND ANSWERS THAT APPLY TO YOU. THEN SIGN AND DATE THIS FORM IN THE SPACE PROVIDED AT THE BOTTOM OF THE PAGE.

A. () I provide care in the child(ren)'s home. I understand that if I provide care for more than 4 hours a day and more than 4 hours a week I am entitled to receive minimum wage and other applicable employee benefits. I understand that the person who hired me is responsible for the difference between minimum wage and the amount the County Department of Social Services can pay.

B. () I provide care in my home and:

_____ I am (Circle one) the grandparent, great grandparent, great great grandparent, aunt/uncle, great aunt/ great uncle, brother/ sister or first cousin of all the children in my care.

_____ I provide care for no more than two children in my home (not counting my own children and not counting children who are over 14 years of age).

_____ I provide care for 3 or more children. However, I never have more than 2 children in care at the same time for more than 3 hours.

C. () I am under 18 years of age. I understand that I can only be paid if I can check one of the statements below because it is true.

_____ I have working papers and I do not provide care during the hours I am supposed to be in school; **AND I am 14 or 15 years old** and I work no more than 3 hours per day and less than or equal to 18 hours per week while school is in session; **AND** I do not provide care between the hours of 7:00 PM and 7:00 AM.

_____ I have working papers and I do not provide care during the hours I am supposed to be in school; **AND I am 16 or 17 years old** and I work no more than 4 hours per day and less than or equal to 28 hours per week while school is in session; **AND** I do not provide care between the hours of 10:00 PM and 6:00 AM.

For the following questions, **CIRCLE** the answer which applies to you

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I (allow) (do not allow) the parents or legal guardians of the children listed on the front side of this form unlimited and on demand access to their children; to written records regarding their children; and to myself and the premises whenever their children are in care.

I (have) (have not) received all fees from the parents or legal guardian which are due to me as of this date.

Provider's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

THIS FORM MUST BE SIGNED BY PARENT & PROVIDER

SECTION 2
REGISTERED FAMILY DAY CARE, LEGALLY EXEMPT, OR LICENSED GROUP PROVIDERS/LICENSED DAY CARE CENTER

SELECT THE STATEMENT AND ANSWERS THAT APPLY TO YOU. THEN SIGN AND DATE THIS FORM IN THE SPACE PROVIDED AT THE BOTTOM OF THE PAGE.

() A nursery school, pre-kindergarten or day care program for children three years of age or older operated by a public school district or by a private school or academy which is providing elementary or secondary education or both in accordance with compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

() A program for school-aged children conducted during non-school hours operated by a public school district or by private school or academy which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

() A nursery school or program for pre-school- aged children which provides services to children for three or less hours per day.

() A summer camp operated in accordance with Subpart 7-2 of the State Sanitary Code and holds a valid permit from the Department of Health. Attach a copy of your permit to operate a summer day camp.

() A day care center, family day care home or other child care program located on federal or tribal property and operated in compliance with applicable federal or tribal laws and regulations.

() If none of the above describes your Program, you may need to be licensed. Westchester County DSS cannot pay you until you provide documentation of your License. For more information call (914) 995-5478.

() I am registered by the NYS Department of Social Services to provide child care services in my home or this is a NYS Licensed Group Day Care Center.

() DAY CARE CENTER

For the following questions, **CIRCLE** the answer which applies to you

I (allow) (do not allow) the parents or legal guardians of the children listed on the front side of this form unlimited and on demand access to their children; to written records regarding their children; and to myself and the premises whenever their children are in care.

Provider's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

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