

Department of Social Services

CHILD CARE PROVIDER FORM

CHILD DAY CARE SUBSIDIES

10 County Center Road -2<sup>rd</sup> Floor

Provider MUST 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.

Providers Signature:	(C) IF YOU ARE A LEGALLY EXEMPT PROVIDER OF GROUP DAY CARE, COMPLETE PAGE 2, SECTION 2 ON REVERSE SIDE  ***** THIS FORM MUST BE SIGNED AND DATED BY PARENT & PROVIDER *****	A) UNLICENSED INDIVIDUALS COMPLETE THIS SECTION: (Circle One) Are you caring for more than 2 children who are related to you? YES* NO If yo ) Are you under 18 years of age? YES* NO If yo I) Is care provided in the child's home? YES* NO If yo			in the state of th	NON-SCHOOL		(SAMPLE) John Doe			Child's Name	PLE	) Anticipated start date of care <u>or</u> the date you are seeking payment for:	# VK vendor #: 1494/6		Telephone #: (914)	1 4	) Provider's Name: The Neighbor Hood Kids Achievement Program STTE Address: 135 Locust Hill Avenue
	YOU ARE A LEGALLY EXEMPT PROVIDER OF GROUP DAY CARE, COMPLETE PAGE 2, SE ***** THIS FORM MUST BE SIGNED AND DATED BY PARENT & PI	ed to you			_	00	(a)	9		Age	Сынд.я	PLEASE provide information requested below for EACH CHILD ON THIS C.	te you		Yonke		1	d Kids
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	ROPG	rele One)  NO If yes, complete section 1 (B)  NO If yes, complete section 1 (C)  NO If yes, complete section 1 (A)	COMPLETE A OR B BELOW			8am	3pm	AM TO	E	¥	Tim.	ested			1	ı	1 1	Р
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→ Customer's Signature:	DAY C		OR B			8am	3pm	A G	ā	HT	iber of	for E/	September 8, 2025- June 26, 2026	Case / S.S No. :	Telephone # Home & Cell: (		Address:	Case Name:
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	REVERSE SIDE	(B) LICENSED/REGISTERED PROVIDERS COMPLETE THIS SECTION  Type of care you provide (check one)  Family Care  Center Based  Controlled family Day Care  Exploration These Officials		111		10	ω	7	Per Day		Number	are.	ATE					
	ľ	STE THIS				50	15	49	Week	Hours Per	Total		IS RE					
Date:	315315050	118 SECTION 703238				\$325.00	\$230.00	\$495.00	Week	Hours Per Charge Per	Amount You		(DATE IS REQUIRED)				×	
						Provider	Provider	Aunt	$\overline{}$	100	Providers		D)	-		,		•

Form # 536 (0K/2016)



## INFORMAL CAREGIVER

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- 1 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 an 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 don not provide care between the hours of 7: 00 PM and 7:00 AM.
- school; AND Lam 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 don not provide care between the hours of 10: 00 PM and 6:00 AM. I have working papers and I do not provide care during the hours I an supposed to be in

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 and to myself and the premises when ever their children are in care. form unlimited and on demand access to their children; to written records regarding their children;

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

Parent's Signature:	Provider's Signature:
Date	D2
9	Date:

THIS FORM MUST BE SIGNED BY PARENT & PROVIDER

## 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 the same premises or campus where the elementary or secondary education is provided compulsory education requirements of the Education Law. The program is located on which is providing elementary or secondary education or both in accordance with
- 1 A program for school-aged children conducted during non-school hours operated by a premises or campus where the elementary or secondary education is provided. education requirements of the Education Law. The program is located on the same public school district or by private school or academy which is providing elementary or secondary education or both in accordance with the compulsory
- ( ) 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 are program located on federal or tribal property and operated in compliance with applicable federal or tribal laws and regulations.
- (X) If none of the above describes your Program, you may need to be licensed Westchester County DSS can not pay you until you provide documentation of your License. For more information call (914) 995-5478. SACC
- ( ) 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

the Front side of this form unlimited and on demand access to their children; to written (allow) (do not allow) the parents or legal guardians of the children listed on Provider's Signature: children are in carp records regarding their children; and to myself and the phemises when ever their 100 July 1

THIS FORM MUST BE SIGNED BY PARENT & PROVIDER Parent's Signaturre: