

\*Legally Exempt Group Providers must complete the following. Check whichever applies to your program:

- This is a nursery school, pre-kindergarten or day care program for children three years of age or older or a program for school-aged children conducted during non-school hours, operated by a private school or academy which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the NYS Education Law. The program is located on the same premises or campus where the elementary or secondary school is provided.
- This program is a nursery school or program that is voluntarily registered with the NYS Education Department and operates in accordance with Part 125 of its regulations. Attach a copy of your registration.

3.  I provide care other than choices # 1 and #2 above. Explain: \_\_\_\_\_

2.  I provide care in my own home and (Check whichever box applies):

- a. I am either the (Circle one) grandparent, great-grandparent, great-aunt/uncle, brother/sister or first cousin of all the children in care.
- b. I provide care for no more than two (2) children (not counting my own & not counting children who are 13 years of age or older).
- c. I provide care for three (3) or more children. However, I never have more than 2 children in care at the same time for more than 3 hrs. a day.

1.  I provide care in the child's home. I understand that I am entitled to receive minimum wage and may be entitled to other employee benefits. I understand that the person who hired me (the child's parent/caretaker) is my employer. The child's parent or caretaker is responsible for the difference between minimum wage and the amount the Department of Human Services can pay for child care. (Provider and Parent/Caretaker MUST also complete and submit the Agreement for Legally Exempt In-Home Child Care.)

Informal Provider must complete the following: **CHECK ONE BOX ONLY**

Are you accredited?  Yes List accreditation number (NAFDC or NAEYC)  No

What type of care is being provided? Check one:

- Registered Family Day Care [ATTACH COPY OF CURRENT LICENSE]
- Day Care Center
- School Age Program
- Legally Exempt Group
- Informal Care [Must complete Supplement - ATTACHED]

I have been found guilty of welfare fraud.  No  Yes. If yes, what county \_\_\_\_\_ Is money still owed?  No  Yes

I am on Temporary Assistance, Medical Assistance or Food Stamps.  No  Yes. If yes, my case # is \_\_\_\_\_

Date of Birth \_\_\_\_\_

\*If NO Vendor Number, request a Vendor Application Form from DHS Caseworker or DHS Examiner or by calling 753-6672.

Phone (585) \_\_\_\_\_ Fax Number (585) \_\_\_\_\_ Vendor Number\* \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ SS Number \_\_\_\_\_

Provider Name \_\_\_\_\_ Provider Case Number (if any) \_\_\_\_\_

**To be completed by Provider**

Reason for Care:  Job  School  Other \_\_\_\_\_

Parent/Caretaker Name \_\_\_\_\_ Case Number \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (585) \_\_\_\_\_ Social Security Number (Not required, please see below.) \_\_\_\_\_

**To be completed by the child's Parent or Caretaker**

Monroe County Department of Human Resources

**CHILD CARE STATEMENT**

Date: \_\_\_\_\_

Child's Name:		*Amount \$		Per <input type="checkbox"/> hour	<input type="checkbox"/> day	<input type="checkbox"/> week	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Drop off time	Pickup time
Child's Name:		*Amount \$		Per <input type="checkbox"/> hour	<input type="checkbox"/> day	<input type="checkbox"/> week	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Drop off time	Pickup time
Child's Name:		*Amount \$		Per <input type="checkbox"/> hour	<input type="checkbox"/> day	<input type="checkbox"/> week	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Drop off time	Pickup time
Child's Name:		*Amount \$		Per <input type="checkbox"/> hour	<input type="checkbox"/> day	<input type="checkbox"/> week	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	Drop off time	Pickup time

When is care needed? For each child, write the EXACT hours that he/she is in your care; i.e. 6:00 – 7:30 a.m., 2:30 – 5:00 p.m. How much does the provider charge? Indicate the rate the provider is charging for each child in care.

Who should be contacted in an emergency?	Phone where parent/caretaker can be reached	Name of emergency contact person	Phone for emergency contact person
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Child's Name	Date of Birth	Relationship to Provider

Who will be in care? List the names and dates of birth of all the children the provider is watching (other than provider's own children). Attach an additional page if needed.

To be completed by Parent or Caretaker and Provider together.

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

1. I (allow) (do not allow) the parents or legal caretakers 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 the premises and myself whenever their children are in care.

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

This program is a nursery school or program for preschool-aged children, operated by a non-profit agency or organization or a private proprietary agency which is not voluntarily registered with NYS Education Department and which provides services to children for three or less hours per day.

The program is a summer day 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.**

This program is a family 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.

None of the above statements describe this program. If this is your answer, you may need to be licensed. Until you are licensed or provide documentation that you are legally exempt from licensing, MCDHS cannot pay you to provide child care. For information about licensing, contact the Bureau of Early Childhood Services at 1-800-732-5207.

**Parent/Caretaker AND Provider must sign**

We certify that to the best of our knowledge and belief all statements made on this form are accurate and true. I understand that providing false information may result in the termination of payments and legal action by the Department of Human Services.

Parent/Caretaker Signature _____ Date _____	Provider Signature _____ Date _____
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We agree to provide accurate attendance records as required by and in accordance with the instructions of the Department of Human Services.

We will notify the Department of Human Services immediately if the hours of care change, if any child is absent for three (3) consecutive days without explanation, or if a decision is made by either the parent/caretaker or provider to end child care. Except in an emergency, the parent/caretaker agrees to give the provider at least one-week notice if he/she will be stopping child care. The provider agrees to give the parent/caretaker one-week notice if he/she must stop providing care.

We understand that the provider is not an employee of the Monroe County Department of Human Services. We further understand that child care payments that he/she receives directly or indirectly for providing child care will not make him/her an employee of Monroe County.

We understand that representatives of the Department of Human Services and the State of New York may visit my child care program to confirm that the information on my enrollment form and/or attendance forms is true and accurate and that child care services are being provided as listed on those forms. I agree to allow representatives of the Department of Human Services and the State of New York access to all areas where child care is provided for a child receiving a child care subsidy. I understand that if I do not allow such access, then I will be considered an ineligible provider. The Department of Human Services will not reimburse any child care for a child receiving a child care subsidy while I am deemed an ineligible provider by the Department of Human Services.

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What else does the provider need to know? Use this space to describe anything special about the child that the provider needs to know. This might include infant feeding schedules, allergies, health problems, likes and dislikes special needs or disabilities, etc.

Who will provide meals and snacks? Check the box that fits your situation.  
 The provider  The parent/caretaker  Other

\*NOTE: By signing this form, the provider attests that the amount charged for listed children does not EXCEED the amount charged for other children of the same age.

Child's Name:		*Amount \$							Per	hour	day	week	
Drop off time	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Pick up time	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.
Drop off time	Mon	Tue	Wed	Thurs	Fri	Sat	Sun	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Pick up time	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.