

Department of Social Services
CHILD CARE PROVIDER FORM
CHILD DAY CARE SUBSIDIES
85 County Center Road - 2nd Floor
White Plains, New York 10607

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.**

1) Provider's Name: _____
SITE Address: _____
 Telephone #: (914) _____ Cell #: _____

Case Name: _____
 Address: _____

Provider **MAILING** Address: _____
IF DIFFERENT FROM SITE ADDRESS _____
 S.S # **OR** Vendor #: _____

Telephone # Home & Cell: () _____
 Case / S.S No. : _____

2) Anticipated start date of care or the date you are seeking payment for: _____ **(DATE IS REQUIRED)**

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	Provider's Relationship to The Child
		M		W		FR		SAT		SUN							
		In	Out	In	Out	In	Out	In	Out	In	Out						

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
 _____ Center Based License Number: _____
 _____ Group family Day Care Expiration Date: _____
 _____ School Age Care

(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 *******

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

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