

Child Care Application – Supplement A

Name: _____

Date: _____

Please indicate the following if you are employed:

Employer: _____

On the following chart, please indicate the days you work by marking the shift usually worked and/or total number of hours worked for each day.

Days	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Shift							
Total Hrs.							

Please indicate the following if attending school or training: Place: _____

On the following chart, please indicate the days you attend school/training by marking the times you attend each day and /or the total number of hours attended each day.

Days	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Class Time							
Total Hrs.							

Provider Information (Please list all providers you use—a separate sheet may be used if needed)

Effective Date: _____

Child's Name/Names: _____

Provider Name: _____

Address: _____

Phone: _____

Days	Times Child is in Care	Total Hrs.
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Sat.		

Effective Date: _____

Child's Name/Names: _____

Provider Name: _____

Address: _____

Phone: _____

Days	Times Child is in Care	Total Hrs.
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Sat.		



**NIAGARA COUNTY
DEPARTMENT OF SOCIAL SERVICES**

P.O. Box 506
Lockport, New York 14095-0506

Niagara Falls Office
P.O. Box 865
301 Tenth Street
Niagara Falls, NY 14302-0865
716.278.8400

"We Help Families"

CHILD CARE; CLIENT RIGHTS AND RESPONSIBILITIES

RIGHTS

At the time that you apply or recertify for child care services, Niagara County Department of Social Services is advising you:

- That you have the right to arrange child care with any regulated or informal child care provider you select. The provider *must be eligible for NCDSS to make payment*. If you choose an informal provider they *must apply and be approved* through the Clearinghouse of Niagara to receive subsidy monies, and remain in compliance with regulations, in order for the agency to make payment on your behalf;
- That you may select a child care provider located in any county;
- That you may need to pay a co-payment for child care services to your provider as a condition of eligibility. You will be advised of the amount, when it must be paid, and where to pay it;
- About factors to consider in selecting a child care provider;
- What documents or other information you must submit in order for NCDSS to determine whether you are eligible for a child care subsidy;
- That any investigation needed in order to determine eligibility will be undertaken;
- That you have the right to have child care services provided without discrimination on the basis of race, religion, national origin, sex, handicapping condition or political belief; and
- That you have the right to change child care providers for any reason.

IF YOU NEED MORE INFORMATION ABOUT ANY OF THE ABOVE IT IS YOUR RESPONSIBILITY TO CONTACT YOUR SSW.

RESPONSIBILITIES

If you are accepted for child care services you must:

- Notify your SSW immediately of any change in family income, household composition (i.e. birth of a child, etc.), living arrangements, employment, child care arrangements or other changes which may affect your continued eligibility;
- Complete and return to your SSW a questionnaire that will be used to determine your continued eligibility – Child Care Application – Supplement A found on the reverse side of this document;
- Pay any co-payment required by your NCDSS; and
- Notify your SSW before changing childcare providers to make sure the provider you have chosen is eligible to receive child care subsidy payments.

FAILURE TO MEET THESE RESPONSIBILITIES MAY RESULT IN THE TERMINATION OF YOUR CHILDCARE ASSISTANCE.

Copy to client: Date _____ SSW: _____

Client signature: _____ Date: _____

**PLEASE READ ABOVE, SIGN AND DATE AT BOTTOM. RETURN IN ENCLOSED ENVELOPE.
BE SURE YOU HAVE READ AND COMPLETED IN ITS ENTIRETY THE OTHER SIDE: Supplement A**