



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY BULLETIN #04-78-EMP


(This Policy Bulletin Replaces Policy Bulletin #02-200-EMP)

### CHILD CARE PROVIDER INCOME VERIFICATION LETTER (W-273UU)

<b>Date:</b> April 26, 2004	<b>Subtopic(s):</b> Child Care
<p> This procedure can now be accessed on the FIAweb.</p>	<p><b>Revisions to the Original Procedure:</b> The procedure has been revised to update the Child Care Provider Income Verification Letter (<b>W-273UU</b>). The <b>W-273UU</b> now allows JOS/Workers or the Child Care Service Unit (CCSU) to document a child care provider's payment history for 12 months.</p> <p><b>Purpose:</b> The purpose of this policy bulletin is to inform staff that the <b>W-273UU</b> has been developed to help child care providers obtain verification of their income for serving HRA eligible families.</p> <p>The <b>W-273UU</b> identifies the child care provider and the rate of pay per month the provider received or is projected to receive for his/her services.</p> <p>Child care providers can contact the Job Center directly or CCSU at (212) 835-7610 to request a <b>W-273UU</b>.</p> <p>Workers must use the Program/Provider Invoice and Voucher Payment History screen in the Automated Child Care Information System (ACCIS) (see attached) to complete the requested information on the <b>W-273UU</b>.</p> <p>Once the letter is completed, it can be mailed to the provider or picked up in person. Providers contacting CCSU can pick up the <b>W-273UU</b> at 109 East 16th Street, 10th Floor, New York, NY.</p> <p>JOS/Workers and the CCSU must use the <b>W-273UU</b> with the revision date of April 20, 2004. All previous copies are to be recycled.</p> <p><i>Effective Immediately</i></p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?  
Call 718-557-1313 then press 2 at the prompt followed by 765 or  
send an e-mail to *FIA Call Center*

**Attachment:**

 Forms can now be accessed through Print on Demand at all Job Centers.

Program/Provider Invoice Voucher Payment Screen (ACCIS)

**W-273UU** Child Care Provider Income Verification Letter  
(Rev. 4/20/04)

Program/Provider Invoice Voucher Payment Screen  
( ACCIS )

ACDVCHST	AGENCY FOR CHILD DEVELOPMENT		Page 1 of 15
Processing Date: 10/25/01 10:09	DIVISION OF FINANCIAL OPERATIONS		
VOUCHER PAYMENT UNIT			
PROVIDER/PROGRAM INVOICE REQUEST FOR PAYMENT FOR THE MONTH OF 09/01			
Program Number	Name and Address	Payment Specialist: BRAN1454 P BRANNIGAN	
80000	AGUILA		
	10 ST 1E		
	LONG ISL CITY, NY 11101		
Total Weekdays In Month	20	* Present days greater than max allowed	
Holidays	0	ATTENDANCE MONTH 09/01	
TOT			
CASE	H L 6 MOS	CHILD DAYS	GROSS WK FEE FEE NET S -- PREVIOUS -- CHG
NUMBER SFX	CHILD NAME	R C BEGIN PR AB CU CA HO AP CL	PAY FEE WKS DUE PAY N CL PAID DIFF CODE
4 15 03	BIANCA	F I 09/01 20 0 0 0 0 20	320.00 0 0 0 320.00 N 8 128.00 192.00 AD
4 15 02	WILFREDO	P S 09/01 12/8 0 0 0 0 20	243.20 0 0 0 243.20 N 8 123.20 120.00 AD
4 15 01	JUSTIN	P S 09/01 12/8 0 0 0 0 20	243.20 0 0 0 243.20 N 8 123.20 120.00 AD
<b>Totals For Month</b>			
	Number of Children	3	
	Total Gross Pay	806.40	
	Total Fees Due	0.00	
	Paid Previously	374.40	
	Total Adjusted Monthly Net Pay	432.00	
<b>Invoice Totals for Provider</b>			
	Number of Children	3	
	Total Gross Pay	806.40	
	Total Fees Due	0.00	
	Paid Previously	374.40	
	Adjustments	0.00	
	Total Adjusted Net Pay	432.00	

Record the monthly Total Gross Pay amount on the W-273UU

