



OFFICE OF POLICY, PROCEDURES, AND TRAINING

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POLICY BULLETIN #21-69-OPE

ANNOUNCEMENT OF RELATIVE-ONLY CHILD CARE PROVIDERS FORM

Date: December 20, 2021	Subtopic(s): Child Care, CCRT, ACS, WHEDCo, WeCARE
	<p>The purpose of this policy bulletin is to inform Job Center staff, the Child Care Review Team (CCRT) and Wellness, Comprehensive Assessment, Rehabilitation and Employment (WeCARE) staff of the new Notification of New York City Requirement for Relative-Only Child Care Providers (CFWB-047) form and the revised Proof of ID and Residency for Child Care Providers (CFWB-004) form, previously known as the CS-574FF form. This policy bulletin is informational for all other staff.</p> <p>The CFWB-004 form replaced the CS-574FF form. The CS-574FF form has been obsolete.</p> <p>All relative-only child care providers will be required to fill out and sign the Notification of New York City Requirement for Relative-Only Child Care Providers (CFWB-047) form.</p> <p>By signing the CFWB-047 form, the provider will grant full permission for the New York City (NYC) Administration for Children's Services (ACS) to request a search of the New York State (NYS) Office of Court Administration (OCA) criminal history records. It also grants full permission to NYC ACS to share any information obtained through a criminal history record search with the Women's Housing and Economic Development Corporation (WHEDCo), the legally exempt enrollment agency for NYC. WHEDCo will evaluate the criminal history in accordance with the Office of Children and Family Services (OCFS) guidelines.</p> <p>All legally exempt family and in-home child care providers must provide proof of identity and residency and complete the Proof of ID and Residency for Child Care Providers (CFWB-004) form.</p> <p>Samples of the forms are attached.</p>

HAVE QUESTIONS ABOUT THIS PROCEDURE?

Call 718-557-1313 then press 3 at the prompt followed by 1 or
send an e-mail to *FIA Call Center Fax* or fax to: (917) 639-0298

Effective Immediately

Related Item:

PD#17-29-ELI

Attachments:

CFWB-004	Proof of ID and Residency for Child Care Providers (Rev. 10/21)
CFWB-047	Notification of New York City Requirement for Relative-Only Child Care Providers (Rev. 1/21)
CS-574FF	Proof of ID and Residency for Child Care Providers (Obsolete)

Proof of ID and Residency for Child Care Providers

All legally exempt family and in-home child care providers must:

- (1) provide proof of identity and residency in order to receive payment;
- (2) complete page 2 of this notice.

If you are a Relative-Only Child Care Provider, complete the Notification of NYC Requirement for Relative-Only Child Care Providers (CFWB-047).

Verification of Provider Identity

Providers must submit one of the following forms of documentation for WHEDCo to verify the provider's identity (copies of the original document are acceptable).

At least one of the following forms of a current valid photo ID issued by government, employer, school or other official/institution/agency including but not limited to:

- ☐ Driver's license/non-drivers identification card
- ☐ Passport or visa
- ☐ Naturalization or citizenship certificate
- ☐ School or Military ID card
- ☐ Employment Authorization Card
- ☐ Permanent Resident Card
- ☐ Government Benefit Card (e.g., Cash Assistance/Medicaid/Supplemental Nutrition Assistance Program)

OR

At least two of the following non-photo-IDs including but not limited to:

- ☐ Social Security card
- ☐ Birth certificate
- ☐ Baptismal certificate
- ☐ Government benefit card (e.g., Welfare/Medicaid/Food Stamps)
- ☐ Life Insurance Policy

Verification of Provider Residence or Third Party Owner or Tenant

Providers must submit one of the following forms of documentation, either a copy or an original to be copied by WHEDCo, to verify the provider's residence. The provider may, for privacy reasons, cross out any specific financial information on the document.

- ☐ Statement from landlord on his/her official stationery*
- ☐ Lease or deed with the provider's name
- ☐ Rent statement/receipt with preprinted address*
- ☐ Mortgage records
- ☐ Tax records for residence (property tax bill)
- ☐ A utility bill (electricity, gas, heating, oil, water or landline phone) with the provider's address*
- ☐ A bank statement with the provider's address*
- ☐ Provider's school records indicating address*

****Documents cannot be more than 60 days old.***

If you cannot verify your residence or are providing care at a third-party residence, complete and submit the bottom portion of page 2 along with the documentation listed above to verify the residence of the property owner or primary tenant.

Proof of ID and Residency for Child Care Providers continued

LOCATION OF LEGALLY EXEMPT FAMILY AND IN-HOME CHILD CARE

Name of Child: _____

Name of Provider: _____

Location of Child Care _____

The above location is the address of (please check one):

☐ Child in care

☐ Provider (please check one)

☐ I have provided verification of my residence

If you are able to provide verification of your residence, stop here. No additional information is required to be completed below.

☐ I am not able to provide verification of my residence (you may only check this if you are not the owner or primary renter). The name of the owner or primary tenant is: _____

☐ Third party location (not where you or the child in care lives)

Date: _____

***Attention Providers:** If you checked the box indicating that you are unable to verify your residence or you are providing care at a third party location, you must have the owner or primary tenant sign the statement below.

Statement by owner or tenant:

I, _____, the owner/primary tenant at
Name of owner/primary tenant

Address

Approve the use of my residence for child care provided by _____
Name of provider

to _____
Name of Child

Signature of owner/primary tenant _____

Date _____

Notification of New York City Requirement for Relative-Only Child Care Providers

Only complete this form if you are related to ALL children as a grandparent, great-grandparent, sibling living in a separate residence, aunt or uncle

OR

An employee, volunteer or adult household member of a relative-only child care provider

I. Additional Local Requirement: If you are related to all children for whom you are providing care, New York City Administration for Children's Services (NYC ACS) will ask the New York State Office of Court Administration (NYS OCA) to conduct a criminal history record search. NYC ACS will provide the record of any criminal convictions to the Women's Housing and Economic Development Corporation (WHEDCo), the legally exempt enrollment agency for NYC. WHEDCo will evaluate the criminal history in accordance with the Office of Children and Family Services guidelines.

A provider, who has been presumptively denied enrollment, can request that WHEDCo consider and review any extenuating circumstances relating to the conviction.

II. Who needs to complete the form

The additional requirement applies to relative-only child care provider (grandparent, great-grandparent, sibling living in a separate residence, aunt, or uncle) and anyone listed in Section 8 of the **OCFS-4699, Enrollment for Legally-Exempt In-Home and Family Child Care Provider Form**

- Employee of relative-only child care provider
- Volunteer of relative-only child care provider
- Household member age 18 and over of relative-only child care provider

III. Instructions: Complete this release for EACH person listed above. The provider completes Section IV of the form below. Employees, volunteers and household members complete Section V on the back of this form. **Submit the completed releases with the OCFS-4699, Enrollment for Legally-Exempt In-Home and Family Child Care Provider Form**, to WHEDCo. The enrollment packet cannot be considered complete until all signed releases are received by WHEDCo. Failure to submit a complete enrollment packet will preclude the provider from becoming enrolled to provide subsidized child care.

IV. Relative-Only Provider Release: I hereby grant full permission for NYC ACS to request a search of the NYS OCA Criminal History Records. I also grant full permission to NYC ACS to share any information obtained through a criminal history record search with WHEDCo, the legally exempt enrollment agency for NYC. This information will be used to verify I have provided complete and accurate information to the parent/caretaker. If there is a determination of a conviction for a crime that would make you ineligible for enrollment, I will have to request a review of extenuating circumstances to be enrolled as a provider.

Full Name of Provider (printed): _____

Signature of Provider: _____ Date: _____

V. Employee, Household Member and Volunteer Release: I hereby grant full permission for NYC ACS to request a search of the NYS OCA Criminal History Records. I also grant full permission to NYC ACS to share any information obtained through a criminal history record search with WHEDCo, the legally exempt enrollment agency for NYC. This information will be used to verify I have provided complete and accurate information to the parent/caretaker. If there is a determination of a conviction for a crime that would make the provider ineligible for enrollment, the provider will have to request a review of extenuating circumstances to be enrolled as a provider.

Full Name: _____

Signature: _____ Date: _____

Check role(s) that applies:

☐ Employee ☐ Volunteer ☐ Household Member

Full Name: _____

Signature: _____ Date: _____

Check role(s) that applies:

☐ Employee ☐ Volunteer ☐ Household Member

Full Name: _____

Signature: _____ Date: _____

Check role(s) that applies:

☐ Employee ☐ Volunteer ☐ Household Member

Full Name: _____

Signature: _____ Date: _____

Check role(s) that applies:

☐ Employee ☐ Volunteer ☐ Household Member

Full Name: _____

Signature: _____ Date: _____

Check role(s) that applies:

☐ Employee ☐ Volunteer ☐ Household Member

Full Name: _____

Signature: _____ Date: _____

Check role(s) that applies:

☐ Employee ☐ Volunteer ☐ Household Member

Proof of ID and Residency for Child Care Providers

All legally exempt family and in-home child care providers must:

- (1) provide proof of identity and residency in order to receive payment**
- (2) complete the top portion of page 2 of this notice.**

Verification of Provider Identity

Providers must submit one of the following forms of documentation for WHEDCo to verify the provider's identity (copies of the original document are acceptable):

- At least **one** of the following forms of a current valid photo ID issued by government, employer, school or other official/institution/agency including but not limited to:
 - Driver's license/non-drivers identification card
 - Passport or visa
 - Naturalization or citizenship certificate
 - School or Military ID card
 - Employment Authorization Card
 - Permanent Resident Card
 - Government Benefit Card (e.g., Cash Assistance/Medicaid/Supplemental Nutrition Assistance Program)
- OR**
- At least **two** of the following non-photo IDs including but not limited to:
 - Social Security card
 - Birth certificate
 - Baptismal certificate
 - Government benefit card (e.g., Welfare/Medicaid/Food Stamps)
 - Life Insurance Policy

Verification of Provider Residence

Providers must submit **one** of the following forms of documentation, either a copy or an original to be copied by WHEDCo, to verify the provider's residence. The provider may, for privacy reasons, cross out any specific financial information on the document.

- Statement from landlord on his/her official stationery*
- Lease or deed with the provider's name
- Rent statement/receipt with preprinted address*
- Mortgage records
- Tax records for residence (property tax bill)
- A utility bill (electricity, gas, heating, oil, water or landline phone) with the provider's address*
- A bank statement with the provider's address*
- Provider's school records indicating address*

* Documents cannot be more than 60 days old.

If a provider **cannot** verify their residence and/or care is taking place at a location other than the home of the child or provider, the provider must complete and submit the bottom portion of page 2 of this notice or provide to WHEDCo a notarized letter from the owner or primary tenant of the residence approving the use of their residence for such care along with the documentation listed above to verify the residence of the property owner or primary tenant.

LOCATION OF LEGALLY EXEMPT FAMILY AND IN-HOME CHILD CARE

Name of child _____

Name of provider _____

Location of child care _____

The above location is the address of (please check one):

☐ Child in care

☐ Provider (please check one)

☐ I am able to provide verification of my residence

If you have checked this box, stop here. No additional information is required to be completed below.

* ☐ I am not able to provide verification of my residence and the name of the owner or primary tenant is: _____

* ☐ Third party location (not where you or the child in care lives)

Name of third party owner or tenant: _____

*** Attention Providers:** *If you checked the box indicating that you are unable to verify your residence or you are providing care at a third party location, you must have the owner or primary tenant with whom you live, sign the statement below and have it notarized before providing the document to WHEDCo. A notarized letter from the owner or primary tenant of your residence approving the use of their residence for such care is also acceptable.*

Notarized statement by owner or tenant:

I, _____, the owner/primary tenant at

Name of owner/primary tenant

Address

approve the use of my residence for child care provided by _____

Name of provider

to _____.

Name of child

Signature of owner/primary tenant: _____

Date: _____

Sworn to and subscribed in my presence by _____ this _____ day of _____ yr.

My commission expires: _____

Notary Name: _____

Notary Public

Date: _____