



OFFICE OF POLICY, PROCEDURES, AND TRAINING

James K. Whelan, Executive Deputy Commissioner

Adam Waitzman, Assistant Deputy Commissioner
Office of Procedures

POLICY BULLETIN #21-71-EMP

VOLUNTARY ENGAGEMENT AND CHILDCARE PROCESS.

Date: December 20, 2021	Subtopic(s): Employment, Child Care
<p>Refer to PD #16-05-EMP and PD #16-08-EMP</p>	<p>The purpose of this policy bulletin is to introduce Phase II of the voluntary participation in the Career Services programs to the Career Services Providers and Family Independence Administration (FIA) staff. This policy bulletin is informational for all other staff.</p> <p>Phase I of the voluntary participation in Career Services programs was launched on June 28, 2021 and excluded participants with children under the age of 18. Phase II will include participants who have children and who may need childcare.</p> <p>The New York City Work Accountability and You (NYCWAY) system will expand the criteria for voluntary participation in Career Services programs to include participants with children. These individuals will appear on the designated Career Services Provider’s worklist in NYCWAY. The Career Services Provider will access the worklist and conduct outreach to the participant.</p> <p>Note: No infraction will be taken on a case if the participant is not interested in participating in the Career Services program.</p> <p>If the participant chooses to participate in the Career Services program, the Career Services Provider will inquire about childcare needs. If childcare is needed, the Career Services Provider will post the action code 1GCC (Career Services Child Care Referral) in NYCWAY and inform the participant that they will receive additional information on how to get childcare in place. The case is moved to the CCRTV worklist in NYCWAY.</p> <p>Note: Once the action code 1GCC is posted, the Daily Timekeeping System (DTS) receives a flag from NYCWAY to prevent terminations.</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

After the action code **1GCC** is posted in NYCWAY, it will trigger a mailing of the Child Care Forms Packet for Voluntary Participation (**HRA-187**), along with the Child Care Provider Enrollment Supplement (**CS-274W**) insert. These forms are viewable on ACCESS HRA and informs the participant that the Child Care Review Team (CCRT) will be assisting them to get childcare in place. The action code **1GCC** will have a Future Action Date (FAD) of 20 days.

The **HRA-187** letter provides information on finding a childcare provider and the relevant forms to complete. The **HRA-187** letter instructs participants to send childcare documents to the CCRT by mail, fax, or email. To download relevant forms, the participant can search the Office of Children and Family Services (OCFS) website. If the participant does not have internet access, they will be directed to the Office of Constituent Services to request the forms and materials by mail.

CCRT conducts Outreach to the Participant

Once the childcare forms are received from the participant, the CCRT worker will conduct outreach to the participant. The CCRT worker will check the **CCRTV** worklist in NYCWAY daily to initiate outreach telephone calls to participants.

If the first outreach telephone call to the participant is unsuccessful, the CCRT worker will conduct a second outreach telephone call to the participant.

Once contact with the participant is made, the participant is given 15 days to provide childcare documentation, if documentation is not complete. If documentation is complete, the CCRT worker can proceed to make childcare referrals. Refer to the section "Scheduling Childcare" on page 3 of this policy bulletin.

If contact with the participant is not made and it is been 20 days since the action code **1GCC** has been posted, the action code **1CCX** (CCRT Voluntary Child Care Activity Expired) will be autoposted and the Career Services assignment will be closed in NYCWAY.

Check Documentation from the Participant

If childcare documentation is complete after contact is made with the participant, the CCRT worker can proceed to make childcare referrals.

If Childcare
Documentation is Not
Complete

If childcare documentation is not complete after contact is made with the participant, the CCRT worker will enter the action code **1CC1** (Career Services Child Care Referral First Outreach) in NYCWAY. The participant has 15 days to complete the documentation. The CCRT worker will monitor for any submitted documentation, and review for completeness. If additional time is needed, the action code **1CC2** (Career Services Child Care Referral Second Outreach) will be posted in NYCWAY to extend the documentation return process for five (5) more days.

Note: The action code **1CC2** may only be posted once.

If the childcare documentation is still not received, the action code **1CCX** will be posted in NYCWAY. The action code **1CCX** will close action codes **1CC1/1CC2** in NYCWAY. The action code **1CCX** will also close the action code **1GCC** and terminate the Career Services assignment in NYCWAY. The case will be returned to the **Career Services Pool** worklist in NYCWAY.

Scheduling Childcare

Childcare in Place

If the participant accepts the childcare and wishes to participate in the voluntary assignment, the CCRT worker will post one of the following childcare in place codes in NYCWAY, and will update the Automated Child Care Information System (ACCIS):

- **13VO** (Child Care not Needed – Voluntary); or
- **13VZ** (Child Care in Place at no cost to FIA – Voluntary); or
- **13VT** (Child Care in Place at Cost to FIA – Voluntary).

Refused Childcare but
Wishes to Participate in
Assignment

Note: If the participant refuses childcare, but wishes to participate in the voluntary assignment anyway, the CCRT worker will post the action code **13RV** (Child Care Refused – Voluntary) in NYCWAY.

Once action codes **13VO**, **13VZ**, **13VT**, **13RV** are posted in NYCWAY, the system will automatically generate the action code **1GCP** (Child Care in Place) for the case. The case will be moved to the **CCVOL Voluntary Assignment Ready** worklist in NYCWAY, and the Career Services Provider will contact the participant to finalize the assignment reporting details. After the participant has started the assignment, the Career Services Provider will post the action code **1GCS** (Child Care Started - Voluntary) and this will start the timekeeping process.

Refused Childcare and
does not wish to
Participate in
Assignment

If the participant refuses childcare and does not wish to participate in the voluntary assignment, the CCRT worker will post the action code **1CCX**, which will close the action code **1GCC** and terminate the Career Services assignment in NYCWAY. The case will be returned to the **Career Services Pool** worklist in NYCWAY.

No Childcare in Place

If the participant cannot find appropriate childcare after two available licensed childcare referrals, the CCRT worker will post the action code **13VN** (No Child Care Found – Exempt) in NYCWAY. The Career Services assignment will be terminated in NYCWAY and the participant will be exempt from a reassessment for 90 days.

Effective Immediately

Related Items:

[PD #16-05-EMP](#)

[PD #16-08-EMP](#)

Attachments:

HRA-187 (E)	Child Care Forms Packet for Voluntary Participation (Rev. 9/13/2021)
HRA-187 (S)	Child Care Forms Packet for Voluntary Participation (Spanish) (Rev. 9/13/2021)
CS-274W (E)	Child Care Provider Enrollment Supplement (Rev. 1/22/2021)
CS-274W (S)	Child Care Provider Enrollment Supplement (Spanish) (Rev. 1/22/2021)

Child Care Forms Packet for Voluntary Participation

Thank you for your interest in voluntary engagement with Career Services!

You told us you need help with child care because you have children under the age of 13 in your household. The City of New York will pay for your child care. We can also help you find a child care provider.

To make this process easier, start looking for child care before your appointment with your Career Services provider.

Once you have a child care provider:

- Complete the Child Care Provider Enrollment Supplement (**CS-274W**) form we included with this letter.
- Informal (legally-exempt) child care providers do not need to have a license. If you are using a legally-exempt child care provider, the **CS-274W** and one of the forms listed on the next page must be completed and signed.

Return these to us when you and your provider complete them and sign them. You must submit them to us by  _____

Send them to:



FAX:



E-MAIL:



MAIL:

(Turn page)

Child Care Forms Packet for Voluntary Participation *(continued)*

What do I need to do if I am going to use an informal provider (babysitter)?

All informal and legally-exempt group child care providers must be approved by an **enrollment agency** to receive child care payments from the City of New York.

The Legally-Exempt Provider **Enrollment Agency** will:

- check the background of all persons age 18 and older working or living where the child care will be given
- check the place where the child care will be given to make sure the health and safety rules are met
- enroll the child care providers into the agency database of providers
- determine if the child care provider can be authorized for payment

If you choose an informal child care provider, in addition to the **CS-274W** form, you will need to use one of the following forms.

<p>Enrollment form for Provider of Legally-Exempt In-Home Child Care and Legally- Exempt Family Child Care (OCFS-LDSS-4699)</p>	<p>Legally-exempt <u>family child care</u> means child care given <u>outside</u> of the child's home. The child care may be given at the home of a neighbor, friend or relative.</p> <ul style="list-style-type: none"> • If the care is for more than three hours a day, it must be for two children or less. • If the care is for less than three hours a day, it can be more than two children. <p>Legally-exempt <u>in-home</u> child care means child care given <u>in</u> the child's home. The child care may be given by a neighbor, friend or relative.</p>
<p>Enrollment form for Legally-Exempt Group Child Care Program (OCFS-LDSS-4700)</p>	<p>Legally-exempt <u>group</u> child care means all <u>unlicensed</u> child care other than by informal child care providers.</p> <p>Legally-exempt group child care includes, but is not limited to, child care programs run by school districts, private schools, nonprofit organizations, summer camps and day care centers.</p>

Child Care Forms Packet for Voluntary Participation *(continued)*

All legally exempt family and in-home child care providers must provide proof of identity and residency in order to receive payment. Refer to the **CS-574FF** form for acceptable documentation.

Parents will need to submit the legally exempt family and in-home child care provider's proof of identity and residency when submitting the **OCFS-LDSS-4699** form.

You will find the **CS-274W** in this packet.

To get the **OCFS-LDSS-4699** or **OCFS-LDSS-4700** you can download the form by clicking this link: [Document Search | Search | OCFS \(ny.gov\)](#)

Need help?

Call us at: _____

SAMPLE

Participación voluntaria - Paquete de formularios para el cuidado infantil

¡Gracias por su interés en participar voluntariamente en *Career Services*!

Usted nos informó que necesitaba ayuda con el cuidado infantil, porque tenía niños menores de 13 años en su hogar. La Ciudad de Nueva York pagará sus gastos de cuidado infantil. También podemos ayudarlo(a) a encontrar un proveedor de cuidado infantil.

Para que este proceso le resulte más fácil, empiece a buscar proveedores de cuidado infantil antes de su cita con *Career Services*.

Cuando ya tenga elegido a su proveedor de cuidado infantil:

- Complete el formulario Suplemento de inscripción del proveedor de cuidado infantil (*Child Care Provider Enrollment Supplement, CS-274W*) que acompaña a esta carta.
- Los proveedores informales de cuidado infantil (legalmente exentos) no necesitan tener una licencia. Si tiene un proveedor de cuidado infantil legalmente exento, debe completar y firmar el formulario **CS-274W** y uno de los formularios listados en la página siguiente.

Luego de que los formularios sean completados y firmados por usted y su proveedor, devuélvalos antes de esta fecha:  _____

Envíelos por:



FAX:



**CORREO
ELECTRÓNICO:**



**CORREO
POSTAL:**

(Gire la hoja)

Participación voluntaria - Paquete de formularios para el cuidado infantil (continuación)

¿Qué tendré que hacer si utilizo los servicios de un proveedor informal (niñera)?

Todos los proveedores informales y legalmente exentos de cuidado infantil en grupo deben estar aprobados por una **Agencia de inscripción** para poder recibir pagos de cuidado infantil por parte de la administración de la Ciudad de Nueva York.

La **Agencia de Inscripción** para Proveedores Legalmente Exentos se encargará de:

- verificar los antecedentes de toda persona de 18 o más años que trabaje o viva donde el cuidado infantil tenga lugar.
- inspeccionar el lugar donde el cuidado infantil tenga lugar, para asegurarse de que todas las reglas relacionadas con la salud y seguridad se cumplan.
- inscribir a los proveedores de cuidado infantil en su base de datos como tal.
- determinar si el proveedor de cuidado infantil puede ser autorizado para recibir pagos.

Si elige un proveedor de cuidado infantil informal, además del formulario **CS-274W**, deberá proveer uno de los siguientes formularios:

<p>Formulario de inscripción para proveedores de cuidado infantil en familia legalmente exento y de cuidado infantil en el hogar legalmente exento (OCFS-LDSS-4699)</p>	<p>El cuidado infantil <u>en familia</u> legalmente exento, es el cuidado infantil proveído <u>fuera</u> de la casa del niño. El cuidado infantil puede ser proveído en la casa de un vecino, amigo o pariente.</p> <ul style="list-style-type: none"> • Si el cuidado se provee por más de tres horas por día, debe ser proveído para 2 niños como máximo. • Si el cuidado se provee por menos de tres horas por día, puede ser proveído para más de dos niños. <p>El cuidado infantil <u>en el hogar</u> legalmente exento, es el cuidado infantil proveído <u>dentro</u> de la casa del niño. El cuidado infantil puede ser proveído por un vecino, amigo o pariente.</p>
<p>Formulario de inscripción para proveedores de cuidado infantil en grupo legalmente exento (OCFS-LDSS-4700)</p>	<p>El cuidado infantil <u>en grupo</u>, legalmente exento, abarca a todos los otros proveedores de cuidado infantil <u>sin licencia</u> que no sean los proveedores informales.</p> <p>El cuidado infantil en grupo, legalmente exento, incluye, sin por ello limitarse a, programas de cuidado infantil gestionados por distritos escolares, escuelas privadas, organizaciones sin fines de lucro, campamentos de verano y guarderías.</p>

(Gire la hoja)

Participación voluntaria - Paquete de formularios para el cuidado infantil

(continuación)

Para poder recibir pagos, todos los proveedores de cuidado infantil, ya sea en familia como en el hogar legalmente exentos, deben proveer comprobantes de identidad y de residencia en esta ciudad. Para ver los documentos que se aceptan para ello, remítase al formulario **CS-574FF**.

Dichos comprobantes de identidad y de residencia del proveedor legalmente exento para proveer cuidado infantil en familia y en el hogar, deben ser enviados por los padres/madres, adjuntos al formulario **OCFS-LDSS-4699**.

Encontrará al formulario **CS-274W** en este paquete.

Para obtener los formularios **OCFS-LDSS-4699** o **OCFS-LDSS-4700** por Internet, descárguelos haciendo clic en el siguiente enlace: [Document Search | Search | OCFS \(ny.gov\)](#)

¿Necesita ayuda?

Llámenos al _____

SAMPLE



Request for Enrollment of Child with Provider

All unlicensed, legally-exempt in-home and family, legally exempt group, and informal providers must complete this form and also complete the **OCFS-LDSS-4699** or the **OCFS-LDSS-4700** form.

ATTENTION

- Licensed/Registered providers are not required to complete the **OCFS-LDSS-4699** or the **OCFS-LDSS-4700**. They should complete pages 1 through 3 of this form and then return the form to the parent/legal guardian. Regulated providers without an Automated Child Care Information System (ACCIS) number must also submit a copy of their license along with the completed **CS-274W**.
- Informal providers must provide documentation of their identification, and their residence if residing at the site, in order to be paid by the Administration for Children's Services (ACS). Please ask your JOS/Worker for the Proof of ID and Residency for Your Child Care Provider or "Babysitter" (**CFWB-004**), which is the list of approved types of ID. Informal providers must complete a health and safety training and must submit the certificate of completion as well as the Legally-exempt Child Care Training Record (**OCFS-LDSS-4669.3**) form.

SAMPLE

Parent/Caretaker's Name:		CA Case Number:
Address:		
Telephone:	Social Security Number <i>(Optional, See Below)</i> : ¹	ACCIS Case Number:
A parent is serving full-time in the U.S. Military. <input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is a member of a National Guard or Military Reserve unit. <input type="checkbox"/> YES <input type="checkbox"/> NO	
¹ The parent/caretaker may, but does not have to, list their Social Security number. You cannot be required to disclose your Social Security number as a condition of eligibility for child care services. If provided, your Social Security number will be used to assist in identifying your child care file. It may also be used by Federal, State and local agencies to prevent duplication of services and fraud, and for Federal reporting.		

(Turn page)

Unlicensed/Informal Provider's Name: ² _____ ACCIS Provider Number (if available): _____ Provider's Social Security Number/EIN/TIN: _____ Certificate Expiration Date: _____	Provider's/Program's Name: _____ License Number: _____ License Type: _____ Expiration Date: _____		
Telephone:	Date of Birth:		
Provider's/Program's E-Mail Address:	SAMPLE		
Address Where Care is Given:			
Provider's/Program's Address (if different):			
² Legally-responsible relatives (parents, stepparents, and legal guardians) cannot be paid as child care providers for their own child(ren).			

Provider Rate (All providers, except ACS-contracted programs, must complete this section.)
My weekly child care rates are as follows:

Provider Rate Indicate the rate charged for each age level	INFANT Under 18 months	TODDLER 18 months – under 3 years	PRESCHOOL 3 years – under 6 years	SCHOOL AGE 6 – 12 years
Full time (30 hours or more per week)				
Part time (15 – 29 hours per week)				
Hourly (1 – 14 hours per week but less than 3 hours per day)				

(Turn page)

Provider Rate *(continued)*

Special Needs Provider Rate Indicate the rate charged for each age level	INFANT Under 18 months	TODDLER 18 months – under 3 years	PRESCHOOL 3 years – under 6 years	SCHOOL AGE 6 – 12 years	SPECIAL NEEDS 13 – 19 years
Full time (30 hours or more per week)					
Part time (15 – 29 hours per week)					
Hourly (1 – 14 hours per week but less than 3 hours per day)					

Indicate the weekly schedule(s) of child care services being requested for the child(ren) listed below:

Child's Name	Child's Name			Child's Name			Child's Name		
Date of Birth	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Date Care Began	MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Weekly Schedule	From	To	From	To	From	To	From	To	
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Saturday									
Sunday									
Office Use Only	Total Hours per Week		Total Hours per Week		Total Hours per Week		Total Hours per Week		

(Turn page)

- I acknowledge that receiving payment from the City of New York for child care services provided does not make me an employee of the City of New York. I am an employee of the parent/legal guardian of the child for whom I provide care.

Provider Certification

I am enrolling this child in a child care program. I understand that I will be paid only after the child's attendance data is received by ACS and for so long as the above parent/guardian Cash Assistance case remains active and the parent is engaged in an FIA-approved activity or employed. If the parent/guardian fails to meet these criteria, I will be sent a letter from ACS informing me that ACS will no longer pay for child care. I agree that the amount I am charging this parent is not more than the amount I charge for other children of the same age. **I understand that I cannot be paid if I do not list all my rates.**

I will allow the parent/guardian of the children named on this form unlimited access to their children and the premises and will make myself available whenever the children are in my care. I certify that the statements above are accurate and true to the best of my knowledge. I understand that providing false information may lead to the suspension or termination of payments and the recovery of any payments to which I was not entitled.

SAMPLE

Provider's Name (print clearly)

Official title (if applicable)

Signature

Date

(Turn page)

Parent/Guardian Certification

I certify that I have reviewed the above request for child care information and that it is correct. I understand I must report any changes immediately to HRA.

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 212-331-4640. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

SAMPLE

For Agency Use Only:

Is child care authorized for this applicant/participant? YES NO

Agency-approved start date for child care: _____



Petición de inscripción de niño(a) con un proveedor de cuidado infantil

Todos los proveedores de cuidado infantil sin licencia, de cuidado infantil en familia legalmente exento, de cuidado infantil en el hogar legalmente exento, de cuidado infantil en grupo legalmente exento y los de cuidado infantil informales, deben completar este formulario y también completar el formulario **OCFS-LDSS-4699** o el **OCFS-LDSS-4700**.

ATENCIÓN

- No se requiere que los proveedores con licencia/registrados completen el formulario **OCFS-LDSS-4699** ni el **OCFS-LDSS-4700**, pero deben completar las páginas 1 a 3 de este formulario y retornarlo al padre, madre/ tutor legal. Los proveedores regulados que no tengan un número de *ACCIS* (Sistema automatizado de información para el cuidado infantil) (*Automated Child Care Information System*) además deben presentar una copia de su licencia junto con el presente formulario **CS-274W (S)** completado.
- Para poder recibir pagos emitidos por el Servicio de la ACS (*Administration for Children's Services, ACS*) los proveedores informales deben presentar una identificación y algún documento que indique la dirección si viven en el mismo lugar donde ofrecen el servicio. Favor de pedir a su trabajador(a)/JOS el formulario **CFWB-004(S)**, Prueba de identificación y de residencia para proveedores de cuidado infantil o niñera (*Proof of ID and Residency for Your Child Care Provider or "Babysitter," CFWB-004*), que lista los tipos de documentos de identificación aprobados. Los proveedores informales deben completar un curso de capacitación en salud y seguridad, y presentar el certificado de compleción junto con el formulario de Registro de capacitación de cuidado infantil para legalmente exentos (Legally-exempt Child Care Training Record, **OCFS-LDSS-4669.3**).

Nombre del padre, madre/cuidador(a):		Nº de caso de CA :
Dirección:		
Teléfono:	Nº de Seguro Social <i>(Opcional, vea abajo):</i> ¹	Nº de caso de ACCIS :
Uno de los padres/madres sirve a tiempo completo en alguna de las fuerzas militares de los EE.UU. <input type="checkbox"/> Sí <input type="checkbox"/> NO	Uno de los padres/madres es miembro de la Guardia Nacional o de la Reserva Militar. <input type="checkbox"/> Sí <input type="checkbox"/> NO	
¹ El padre, la madre/cuidador(a) puede anotar su Nº de Seguro Social, pero no está obligado(a). No puede ser obligado(a) a divulgar su Nº de Seguro Social como condición de elegibilidad para los servicios de cuidado infantil. Si lo provee, su Nº de Seguro Social será usado para identificar su expediente de cuidado infantil. También podría ser usado por agencias federales, estatales y locales para prevenir la duplicación de servicios y el fraude, y para informes federales.		

(Gire la hoja)

Nombre del proveedor sin licencia/informal : ² <hr/> N° del proveedor de ACCIS (si lo tiene): <hr/> N° de Seguro Social/EIN/TIN del proveedor: <hr/> Fecha de vencimiento del certificado: <hr/>	Nombre del proveedor/Programa: <hr/> N° de licencia: <hr/> Tipo de licencia: <hr/> Fecha de vencimiento: <hr/>		
Teléfono:	Fecha de nacimiento:		
Correo electrónico del proveedor/Programa:			
Dirección donde se provee el cuidado:	SAMPLE		
Dirección del proveedor/Programa (si es distinta):			
² parientes legalmente responsables (padres, madres, padrastros, madrastras y tutores legales) no pueden recibir dinero en calidad de proveedores de cuidado infantil de sus propios niños(as).			

Tarifas del proveedor (todos los proveedores, con excepción de los programas contratados por ACS, deben completar esta sección).

Mis tarifas semanales de cuidado infantil son:

Tarifas del proveedor Indicar las tarifas cobradas por edad	INFANTE menos de 18 meses	NIÑO(A) 18 meses - menos de 3 años	PREESCOLAR 3 años - menos de 6 años	EDAD ESCOLAR 6 -12 años
Tiempo completo (30 o más horas por semana)				
Tiempo parcial (15 – 29 horas por semana)				
Por hora (1 – 14 horas por semana, pero menos de 3 horas por día)				

(Gire la hoja)

Tarifas del proveedor (continuación)

Necesidades especiales Tarifas del proveedor Indicar las tarifas cobradas por edad	INFANTE menos de 18 meses	NIÑO(A) 18 meses - menos de 3 años	PREESCOLAR 3 años - menos de 6 años	EDAD ESCOLAR 6 –12 años	NECESIDADES ESPECIALES 13 – 19 años
Tiempo completo (30 o más horas por semana)					
Tiempo parcial (15 – 29 horas por semana)					
Por hora (1 – 14 horas por semana, pero menos de 3 horas por día)					

Indicar el horario semanal de servicios de cuidado infantil requeridos para los niños(as) listados a continuación:

Nombre del niño(a)	Nombre del niño(a)			Nombre del niño(a)					
Fecha de nacimiento	MES	DÍA	AÑO	MES	DÍA	AÑO	MES	DÍA	AÑO
Fecha de inicio del cuidado	MES	DÍA	AÑO	MES	DÍA	AÑO	MES	DÍA	AÑO
Horario semanal	De	A	De	A	De	A			
Lunes									
Martes									
Miércoles									
Jueves									
Viernes									
Sábado									
Domingo									
Office Use Only	Total Hours per Week		Total Hours per Week		Total Hours per Week				

(Gire la hoja)

- Reconozco que recibir pagos de la Ciudad de Nueva York por mis servicios de cuidado infantil no me convierte en empleado(a) de la Ciudad de Nueva York. Soy empleado(a) del padre, madre/tutor legal del niño(a) al que cuido.

Certificación del proveedor

Inscribo a este niño(a) en un programa de cuidado infantil. Entiendo que seré pagado(a) solo después de que los registros de asistencia del niño(a) hayan sido recibidos por ACS y siempre y cuando el caso de Asistencia en Efectivo (*Cash Assistance*) del padre, madre/tutor legal permanezca activo, y que el padre o madre tenga empleo o participe en una actividad de trabajo aprobada por la *FIA*.

Si el padre, madre/tutor legal deja de cumplir con estos criterios, recibiré una carta de ACS informándome que ya no me pagará por el cuidado infantil. Estoy de acuerdo con que la tarifa que facturo a este padre o madre no es mayor que la tarifa que facturo por otros niños(as) de la misma edad. **Entiendo que no seré pagado(a) si no listo todas mis tarifas.**

Otorgaré al padre, madre/tutor legal de los niños(as) nombrados(as) en este formulario acceso ilimitado a sus niños(as) y al lugar donde se provea el servicio, y estaré siempre disponible cuando los niños(as) estén bajo mi cuidado. Certifico que las declaraciones arriba indicadas son precisas y ciertas según mi leal saber y entender. Entiendo que proveer información falsa puede conducir a la suspensión o finalización de los pagos y a la recuperación de cualquier pago que no me corresponda.

SAMPLE

Nombre del proveedor (en letra de molde)

Cargo oficial (si corresponde)

Firma

Fecha

(Gire la hoja)

Certificación del padre, madre/ tutor legal

Certifico que he revisado el antedicho pedido de información para el cuidado infantil y que es correcto. Entiendo que, de haber cambios, debo reportarlos de inmediato a la *HRA*.

Firma del padre, madre /tutor legal

Firma del padre, madre /tutor legal

Fecha

¿Tiene usted alguna condición médica, de salud mental o alguna discapacidad? ¿Se le dificulta entender o hacer lo que pide este aviso, debido a su condición? ¿Se le dificulta obtener otros servicios de la *HRA* debido a su condición? **Nosotros podemos ayudarle. Llámenos al 212-331-4640. También puede pedir ayuda cuando visite las oficinas de la *HRA*. La ley le da derecho a pedir este tipo de ayuda.**

For Agency Use Only:

Is child care authorized for this applicant/participant? YES NO

Agency-approved start date for child care: _____