



FAMILY INDEPENDENCE ADMINISTRATION

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POLICY DIRECTIVE #05-16-EMP

(This Policy Directive Replaces PD #04-33-EMP)

REQUIRED CHILD CARE ACTION FOR APPLICANTS/PARTICIPANTS ASSIGNED TO WORK ACTIVITIES

| | |
|-----------------------------|-----------------------------------|
| Date: May 3, 2005 | Subtopic(s): Child Care |
|-----------------------------|-----------------------------------|

AUDIENCE

This Policy Directive is instructional for JOS/Workers who process child care and is informational for all others.

POLICY

Employable applicants/participants are required to participate in work-related activities in order to receive public assistance. If child care is needed in order to comply with work requirements, the parent/guardian has the responsibility of securing a child care provider. Child care must be in place before the applicant/participant can be assigned to work activities.

Any parent/guardian who refuses child care without good cause after the agency has provided a minimum of two referrals to licensed providers with verified vacancies will be assigned a work-related activity.

BACKGROUND

Parents/guardians required to be engaged in work-related activities have the right to have their child(ren) who are under age 13, or 13 through 19 years of age with a special need, placed with a child care provider who meets the following criteria:

- Appropriate – provider is available for the hours needed and able to provide care to meet the specific needs of the child(ren).

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*

Total travel time between home and work is one hour and 30 minutes, including time to stop at the provider.

- Accessible – provider is located within a reasonable distance from the parent/guardian’s home and work. HRA/FIA considers “reasonable distance” to be no more than one hour and 30 minutes’ travel time (by car or public transportation) for a one-way trip between an applicant/participant’s home and the work activity site. This *includes* time to stop at the child care provider/facility.
- Affordable – parents/guardians have enough money to pay a child care fee, if required.
- Suitable – the physical and mental condition of the provider(s) and/or the physical condition of the facility are not detrimental to the health, welfare and/or safety of the child(ren), and the facility is regulated.

Parents/guardians who can document that they are unable to locate a child care provider who meets the above criteria will be assisted by JOS/Workers to locate such care. An applicant/participant will not be exempt from work requirements if s/he fails/refuses (without good cause) to select an eligible provider.

REQUIRED ACTION

Required information for parents/guardians about child care

The JOS/Worker must give the applicant/participant the Important Information about Child Care Notice (**LDSS-4647**) and the Child Care Provider Form (**W-273B**). These forms are part of the mandatory packet that must be provided to all parents/guardians at the initial visit, regardless of whether or not child care is in place. The Child Care Information Packet also includes the following forms:

- W-273D** How to Fill Out the Child Care Provider Form
- W-273E** HRA Will Pay for Your Child Care
- W-273W** Administration of Medication Enrollment Form for Child Care Providers
- W-563** Attention Working Parents
- W-574EE** Child Care Fact Sheet and Planner
- W-574FF** Proof of ID for Your Child Care Provider or “Babysitter”
- W-575AA** All about the HRA Child Care
- W-575BB** How Child Care Providers Get Paid by HRA

The parent/guardian is expected to secure a provider and furnish requested documentation by the return appointment date to ensure compliance and payment to the provider. Workers must tell parents that the names of regulated providers, including ACS Day Care Centers, are available. If the parent/guardian requests names, either obtain them from the Automated Child Care Information System (ACCIS), refer the parent to a Child Care Specialist in the Job Center, and/or give the parent the phone number of the Child Care Resource and Referral Consortium’s (CCRRC) free referral line: (888) 469-5999.

The JOS/Worker must initiate an Employability Plan (EP) in order to properly engage the applicant/participant in a required work activity. If child care is needed for the applicant/participant to comply with the work requirements, select one of the following **Care Type** indicators based on the applicant/participant’s child care arrangements:

Child Care in place; paid by HRA

- **Care Type 1** – licensed child care is in place at cost to HRA.
- **Care Type 2** – informal child care is in place at cost to HRA.

If either of the above care types is selected, action code **133T** (participant) or **933T** (applicant) will autopost in NYCWAY.

Child care in place; household not requesting child care allowance

- **Care Type 5** – licensed child care is in place at no cost to HRA.
- **Care Type 6** – informal child care is in place at no cost to HRA.

If either of the above care types is selected, action code **133O** (participants) or **933O** (applicants) will autopost in NYCWAY. A comment will also be required to indicate the specifics of the case.

When **Care Type** code **1, 2, 5** or **6** is selected, the applicant/participant can be assigned to a work activity.

Household requires a provider

- **Care Type 3** – child care is needed; a provider must be found and/or documentation must be supplied. With this selection there are two choices:
 - **Option 1:** Select this option when the applicant/participant has to find a provider and submit the necessary documentation. NYCWAY will post either **133S** (participant) or **933S** (applicant), indicating Child Care Return Appointment – Provider Needed.
 - **Option 2:** Select this option when the applicant/participant indicates s/he has a provider but does not have the required documentation. NYCWAY will post either **133D** (participant) or **933D** (applicant), indicating Child Care Return Appointment – Documentation Needed.

A return appointment is scheduled five to seven calendar days after the initial appointment.

Selection of **Care Type 3** requires a return appointment to the Job Center (or to whomever is making the appointment). NYCWAY takes the Worker to the **Make Appointments** screen to schedule a return appointment. The return appointment must be scheduled five to seven calendar days from the initial appointment. A Child Care Return Appointment Form (**W-273NN**) is generated. A copy must be given to the parent/guardian and scanned and indexed into the electronic file.

- **Care Type 4** – Child Care Not Required. This option is selected only if the child(ren) in the household are 13 years of age or older.

Return Appointment

Child Care is Secured

If the applicant/participant keeps the appointment and returns with child care in place, the JOS/Worker must review all required documentation to verify it is complete and update the EP with care type **1, 2, 5 or 6**.

Child care must be entered in ACCIS

In addition, when all of the information on the **W-273B** has been verified as complete, the JOS/Worker must ensure all child care information on the case is entered in to ACCIS.

Child Care is Not Secured

If the applicant/participant keeps the return appointment but was unsuccessful in finding suitable child care, the JOS/Worker must:

- Determine why child care was not secured.
- Evaluate those reason(s) to determine if they are substantial and/or legitimate difficulties for not securing care.
- Provide referrals to at least two licensed child care providers that have verified vacancies. This information can be found in one of the following resources:

Give referrals for two (2) regulated providers after confirming availability.

- The state-funded CRRRC at (888) 469-5999.
- Administration for Children’s Services (ACS) contracted slots. These slots and information on these providers are available through ACCIS.

To search ACCIS for licensed programs and providers:

- Click on the ACCIS icon;
- Click **F3** (Search) from menu; and
- Click **Program Provider Search**.

The Worker can search by zip code to locate providers and ACS programs near the parent’s home or work.

Workers can also consult the latest ACCIS bulletin for a list of ACS centers with vacancies.

Note: The ACS contracted slots are time sensitive. Before a referral can be made, call the provider to ensure that slots are still open. Upon confirming availability, document the name and location of the available providers for the applicant/participant and keep a copy of the referral in the case record.

Form **W-667C** has been updated to reflect the revised definition of reasonable distance.

Second return appointment given

- After confirming that vacancies for the child(ren) are available, list the provider on the Child Care Appointment Confirmation and Contact List (**W-667C**). The form includes a section for two referrals from the Worker as well as a section for the parent/guardian to record his/her own referrals. A section is also provided for the parent/guardian to indicate reasons why the provider was not chosen.
- After providing the referrals, schedule another return appointment within five to seven calendar days by updating the EP and selecting **Care Type 3** on the **Child Care** screen.
- Emphasize that the **W-667C** must be completed. Refusal to accept eligible providers (without good cause) will not excuse the parent/guardian from a work assignment. Refusing child care should be based on the criteria (appropriate, accessible, affordable and suitable) as described in the Important Information about Child Care Notice (**LDSS-4647**). If the parent refuses to accept a provider for one of these reasons, the parent/guardian may be excused from a work activity until child care is secured.
- Remind the applicant/participant that the 60-month time limit on Temporary Assistance for Needy Families (TANF) cash assistance still applies, even if the parent/guardian has good cause for not accepting a provider and is temporarily excused from a work activity.
- Keep copies of all documents and referrals in the case record, along with detailed comments.

Second Return Appointment

Child care not secured by second return appointment

If the applicant/participant keeps the second return appointment but has:

- Failed to provide documentation that supports his/her claim that legally acceptable child care cannot be found or
- Refused an eligible provider without good cause (the JOS/Worker should verify with his/her supervisor that the reason for refusing to accept a provider is insufficient).

The JOS/Worker must:

- Update the EP and change **Care Type 3** (Child Care Is Required) to **Care Type 7** (Child Care Is Refused). Action code **133R** (participant) or action code **933R** (applicant) will autopost in the system, which signifies “Refused Child Care Referral Placement.”

Care Type 7 referral
code: Child Care Is
Refused

Note: Care Type 7 may only be entered if **Care Type 3** was previously entered for the case and after the return appointment was kept.

- Assign the parent/guardian to a work activity.

Failed to keep return
appointment

If the applicant/participant fails to keep either of the return appointments and no entry has been made by a JOS/Worker, the following infraction codes will autopost in NYCWAY the day after the return date:

- **91FR** (Applicant) – Failure to keep child care return appointment. The case is placed on the **Income Support Action Request (ISAR)** Worklist for the JOS/Worker to manually reject the PA application.
- **430K** (Safety Net Assistance [SNA] participant) – Failure to keep to the mandatory child care return appointment. A conciliation letter will be generated. If good cause is not found, a public assistance (PA) sanction is initiated.
- **434A** (Temporary Assistance for Needy Families [TANF] participant) – Failure to keep the mandatory child care return appointment. A conciliation letter will be generated. If good cause is not found, a PA sanction is initiated.
- **438N** (Sanctioned Cases) – Failure to report to the mandatory child care return appointment. This action code will flag the sanctioned individual for further investigation by Bureau of Eligibility Verification (BEV). No further action is taken by the Worker.

Child care for children
with special needs

Special Needs

If appropriate, accessible, affordable and suitable child care is available, there are no exemptions from work-related activities for custodial parents/caretaker relatives of any preschool or special needs children.

Resources for special
needs

The parent of a special needs child may need help finding specialized care for her/his child. The JOS/Worker can assist the parent using the following resources:

- Licensed child care centers. All licensed child care centers must be capable of assisting children with special needs.
- CCRRC – (888) 469-5999.
- New York City Youthline – (800) 246-4646.
- Resources for Children with Special Needs, Inc. (212) 677-4650.

These parents may need additional time to secure slots for specialized child care and should be granted such time on a case-by-case basis by the designated Child Care Specialist or other supervisory staff.

To allow the entry of child care types **1, 2, 5** or **6** for any child 13 through 18 years of age, **Y** must be entered in the **Special Needs** field on the Child Care screen in the EP.

Exemptions from work activities

A foster parent may be considered needed at home if s/he is caring for a foster child five years of age or younger or a foster child with special needs. In these cases, the foster parent’s work activity is classified as community service.


In order for the foster parent of a special needs child to be considered needed at home, s/he must obtain documentation from a physician or licensed professional confirming that the child has special needs. The documentation must specify the following:


- Why child care is not recommended for the child; and
- Why the parent must be available after school and/or during school breaks.

If a foster parent of a special needs child requires child care, please refer him or her to ACS for assistance.

PROGRAM IMPLICATIONS

Paperless Office System (POS) Implications

Workers must access NYCWAY to make entries, review and print NYCWAY information related to the inappropriate refusal of child care by using the WMS plug  or by minimizing POS and clicking the NYCWAY icon on their desktop. Workers should then scan and index all non-POS-generated child care related forms and notices signed by the applicant/participant into the electronic case record.

A case comment must be entered for seeking child care or refusal of child care. Enter a case comment by clicking on the case comments icon  or pressing <ALT>M on the keyboard.

Workers will record child care expenses on the **Other Expenses** window at the “Has Child or Dependent Care Expenses?” question. POS will not budget any child care expenses entered. Workers must use ACCIS to budget any child care expenses.

Food Stamp Implications
 When the actual child care expenses are more than the child care payment, the extra child care cost is counted as an out-of-pocket expense for Food Stamp budgeting. Parents/guardians who choose to forego the FIA payment by using an ineligible provider are entitled to a Food Stamp deduction for the out-of-pocket child care expense. The Worker must determine how the parent/guardian will pay for the expense while participating in a work-related activity.

Refer to Food Stamp employment rules
 For applicants, failure to keep a return appointment will result in the case being denied. The case will be processed for a separate Food Stamp determination. For participants, failure to keep a return appointment will initiate the standard conciliation process and a PA sanction. Food Stamp eligibility will not be affected as a result of this sanction.

Medicaid Implications
 There are no Medicaid implications.

LIMITED ENGLISH SPEAKING ABILITY (LESA) IMPLICATIONS
 For Limited English Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with Policy Directive #02-43-OPE.

FAIR HEARING IMPLICATIONS

Avoidance/Resolution
 Ensure that all case actions are processed in accordance with current procedures and that electronic case files are kept up to date. Remember that applicants/participants must receive either adequate or timely and adequate notification of all actions taken on their case.

A parent/guardian who receives a conciliation letter for failing to comply with an assessment outcome, or fails to report to or cooperate with an assigned work activity but now indicates a willingness to comply, can resolve the situation by finding an eligible child care provider and complying with work rules. Responding to a conciliation letter on or before the expiration date could avoid interruption of child care benefits.

Conferences
 An applicant/participant can request and receive a conference with a Fair Hearing and Conference (FH&C) AJOS/Supervisor I at any time. If an applicant/participant comes to the Job Center requesting a conference, the Receptionist must alert the FH&C Unit that the individual is waiting to be seen.

The FH&C AJOS/Supervisor I will listen to and evaluate the applicant/participant's complaint. After reviewing the case file and discussing the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor, s/he will determine if the action taken was correct. If the determination is that the action taken was correct, the FH&C AJOS/Supervisor I will explain the reason for the determination to the applicant/participant. If the explanation is accepted, no further action is necessary. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the action taken was incorrect or correct but lacking the supporting documentation, the FH&C AJOS/Supervisor I will settle in conference (SIC), enter detailed case notes in NYCWAY and forward all verifying documentation submitted by the applicant/participant to the appropriate JOS/Worker for corrective action to be taken. In addition, if the adverse case action still shows on the **Pending (08)** screen in WMS, the AJOS/Supervisor I must prepare and submit a Fair Hearing/Case Update Data Entry Form (**LDSS-3722**) if the case has been granted aid continuing (ATC) to change the **02** to an **01**, or a PA Recoupment Data Entry Form (**LDSS-3573**) to delete a recoupment. The **M-186a** must also be prepared.

Evidence Packets

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing which has already been requested, the FH&C AJOS/Supervisor I is responsible for ensuring that further appeal is properly controlled and that appropriate follow-up action is taken in all phases of the Fair Hearing process.

All Evidence Packets must contain a detailed history, copies of relevant WMS screen printouts, other documentation relevant to the action taken and copies of NYCWAY **Case Notes** screens, including but not limited to, a detailed History Sheet (**W-25**), the Important Information about Child Care (**LDSS-4647**), the Child Care Provider Contact List (**W-273J**), the Child Care Provider Form (**W-273B**), the Child Care Appointment Confirmation and Contact List (**W-667C**), the Notice of Intent to Change Benefits: PA, FS, MA and Services (**LDSS-4014A NYC/LDSS-4014B NYC**) and any evidence/documents provided by the parent/guardian supporting his/her claim that legally acceptable child care cannot be found.


REFERENCES

91 ADM-34
18 NYCRR Sec. 415.8 (c), (e), (f), (i), (l)
03-OCFS-LCM-19
Consolidated Service Plan, 2004

RELATED ITEMS

PD #01-50-EMP
PD #02-27-EMP

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

W-667C Child Care Appointment Confirmation and Contact List (Rev. 5/03/05)
W-667C (S) Child Care Appointment Confirmation and Contact List (Spanish) (Rev. 5/03/05)



Child Care Appointment Confirmation and Contact List

Parent/Guardian Name: _____ Case Number: _____

I understand that I must be employed and/or participating in a work-related activity.

I understand that in order for me to obtain or to continue with employment and/or participating in a work-related activity, child care arrangements must be in place for my child(ren) who need(s) care. I will confirm these child care arrangements by keeping the following two child care appointments that were made for me.

| | | | |
|--|------------------|-------------|------|
| Provider Name (Worker-Referred) | Telephone Number | Appointment | |
| Provider Address (Worker-Referred) | | Date | Time |
| PROVIDER: Please check availability of openings. <input type="checkbox"/> Yes <input type="checkbox"/> No License No.: _____ Provider Signature: _____ | | | |
| Reason for not choosing this provider (your reason must include one of the following): <input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs. <input type="checkbox"/> You were unable to get to the provider by car or public transportation. <input type="checkbox"/> The provider is not accessible because the travel distance from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes. <input type="checkbox"/> Other: _____ _____ | | | |
| Provider Name (Worker-Referred) | Telephone Number | Appointment | |
| Provider Address (Worker-Referred) | | Date | Time |
| PROVIDER: Please check availability of openings. <input type="checkbox"/> Yes <input type="checkbox"/> No License No.: _____ Provider Signature: _____ | | | |
| Reason for not choosing this provider (your reason must include one of the following): <input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs. <input type="checkbox"/> You were unable to get to the provider by car or public transportation. <input type="checkbox"/> The provider is not accessible because the travel distance from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes. <input type="checkbox"/> Other: _____ _____ | | | |

If I locate a provider on my own, I will write the name, address and telephone number of the provider on the form; in addition, I will have the provider sign the form.

| | | | |
|----------------------------------|------------------|-------------|------|
| Provider Name (Self-Referred) | Telephone Number | Appointment | |
| Provider Address (Self-Referred) | | Date | Time |

PROVIDER: Please check availability of openings. Yes No

License No.: _____ Provider Signature: _____

Reason for not choosing this provider (your reason must include one of the following):

- The provider was not open for the days or hours needed or could not care for your child's special needs.
- You were unable to get to the provider by car or public transportation.
- The provider is not accessible because the travel distance from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.
- Other: _____

| | | | |
|----------------------------------|------------------|-------------|------|
| Provider Name (Self-Referred) | Telephone Number | Appointment | |
| Provider Address (Self-Referred) | | Date | Time |

PROVIDER: Please check availability of openings. Yes No

License No.: _____ Provider Signature: _____

Reason for not choosing this provider (your reason must include one of the following):

- The provider was not open for the days or hours needed or could not care for your child's special needs.
- You were unable to get to the provider by car or public transportation.
- The provider is not accessible because the travel distance from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.
- Other: _____

I will accept one of the Worker-referred openings or seek other licensed or "legal" informal care so I can participate in my activity as noted above.

If I use regulated care, I understand I must also obtain all of the needed medical/immunization records so that my child(ren) can start as soon as possible.

I will provide a written explanation if I do not accept the two Worker-referred providers or am unable to locate a legal informal provider.

I understand that I have an appointment to bring back this form, the Child Care Provider Application and Voucher Form (W-273B) and other supporting documentation (if applicable) no later than _____ or risk being found ineligible for benefits.
(return appointment date)

Parent/Guardian Signature

Date

JOS/Worker Signature

Date



Confirmación y Lista de Contacto de Cita de Cuidado Infantil

Nombre de Padre/Madre/Tutor: _____ Número del Caso: _____

Entiendo que debo estar empleado(a) y/o participando en una actividad relacionada con el trabajo.

Entiendo que para conservar mi empleo y/o seguir participando en una actividad relacionada con el trabajo, el cuidado de mis hijos debe haber sido previamente concertado. Además, confirmaré los arreglos de cuidado infantil en cuestión acudiendo a las siguientes dos citas de cuidado infantil que se han programado para mí.

| | | | |
|---|--------------------|-------|------|
| Nombre del Proveedor (Asignado por Trabajador) | Número de Teléfono | Cita | |
| Dirección del Proveedor (Asignado por Trabajador) | | Fecha | Hora |

PROVEEDOR: Favor de marcar si hay espacio disponible. Yes No

Número de Licencia: _____ Firma del Proveedor: _____

Razón por la que no ha escogido a este proveedor (la razón tiene que incluir una de las siguientes):

- El proveedor no se encontraba disponible para los días u horas necesitadas o no podía atender las necesidades especiales de su hijo.
- Usted no pudo llegar hasta el proveedor mediante carro o transporte público.
- El proveedor no es accesible debido a que la distancia desde la casa de usted y al proveedor de cuidado infantil y desde ahí a su actividad de trabajo excede de 1 hora y 30 minutos.
- Otro: _____

| | | | |
|---|--------------------|-------|------|
| Nombre del Proveedor (Asignado por Trabajador) | Número de Teléfono | Cita | |
| Dirección del Proveedor (Asignado por Trabajador) | | Fecha | Hora |

PROVEEDOR: Favor de marcar si hay espacio disponible. Yes No

Número de Licencia: _____ Firma del Proveedor: _____

Razón por la que no ha escogido a este proveedor (la razón tiene que incluir una de las siguientes):

- El proveedor no se encontraba disponible para los días u horas necesitadas o no podía atender las necesidades especiales de su hijo.
- Usted no pudo llegar hasta el proveedor mediante automóvil o transporte público.
- El proveedor no es accesible debido a que la distancia desde la casa de usted y al proveedor de cuidado infantil y desde ahí a su actividad de trabajo excede de 1 hora y 30 minutos.
- Otro: _____

Si localizo algun proveedor por mi cuenta proporcionaré el nombre, dirección y teléfono del proveedor en el formulario, además haré que el proveedor firme el formulario.

| | | | |
|--|--------------------|-------|------|
| Nombre del Proveedor (Asignado por Usted Mismo) | Número de Teléfono | Cita | |
| Dirección del Proveedor (Asignado por Usted Mismo) | | Fecha | Hora |

PROVEEDOR: Favor de marcar si hay espacio disponible. Yes No

Número de Licencia: _____ Firma del Proveedor: _____

Razón por la que no ha escogido a este proveedor (la razón tiene que incluir una de las siguientes):

- El proveedor no se encontraba disponible para los días u horas necesitadas o no podía atender las necesidades especiales de su hijo.
- Usted no pudo llegar hasta el proveedor mediante carro o transporte público.
- El proveedor no es accesible debido a que la distancia desde la casa de usted y al proveedor de cuidado infantil y desde ahí a su actividad de trabajo excede de 1 hora y 30 minutos.
- Otro: _____

SAMPLE

| | | | |
|--|--------------------|-------|------|
| Nombre del Proveedor (Asignado por Usted Mismo) | Número de Teléfono | Cita | |
| Dirección del Proveedor (Asignado por Usted Mismo) | | Fecha | Hora |

Razón por la que no ha escogido este proveedor (la razón tiene que incluir una de las siguientes):

- El proveedor no se encontraba disponible para los días u horas necesitadas o no podía atender las necesidades especiales de su hijo.
- Usted no pudo llegar hasta el proveedor mediante carro o transporte público.
- El proveedor no es accesible debido a que la distancia desde la casa de usted y al proveedor de cuidado infantil y desde ahí a su actividad de trabajo excede de 1 hora y 30 minutos.
- Otro: _____

Aceptaré uno de los espacios disponibles de más arriba o buscaré otro cuidado autorizado o informal "legal" para poder participar en mi actividad como se indica más arriba.

Si utilizo cuidado reglamentado, entiendo que también debo obtener todos los expedientes médicos o de inmunización necesarios para que mis hijos puedan comenzar lo más pronto posible.

En caso de no aceptar a los dos proveedores asignados por el Trabajador, o de no poder conseguir a un proveedor informal ilegal, he de proporcionar una explicación al respecto por escrito.

Entiendo que tengo una cita para devolver este formulario, el Formulario de Solicitud y Comprobante del Proveedor de Cuidado Infantil (Child Care Provider Application and Voucher Form **[W-273B]**) y otros documentos justificativos (si corresponden) a más tardar el _____ o de lo contrario me arriesgo a que se me considere inelegible con respecto a beneficios.
(fecha de cita de regreso)

Firma del Padre/Madre or Tutor

Fecha

Firma del JOS/Trabajador

Fecha