



# FAMILY INDEPENDENCE ADMINISTRATION

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## POLICY DIRECTIVE #08-15-EMP

*(This Policy Directive Replaces PD #08-09-EMP)*

### ENROLLING CHILDREN RECEIVING CASH ASSISTANCE INTO ACS CONTRACTED CHILD CARE CENTERS AND FAMILY CHILD CARE NETWORK PROVIDERS

<b>Date:</b> April 16, 2008	<b>Subtopic(s):</b> Child Care
<b>AUDIENCE</b>	The instructions in this policy directive are for Job Center staff that process and authorize child care and are informational for others.
<b>REVISIONS TO ORIGINAL PROCEDURE</b>	This policy directive has been revised to inform staff that school-aged children are no longer serviced by contracted child care centers and that parents/guardians seeking licensed care for these children should be referred to the Department of Youth and Community Development for available out-of-school time (OST) programs.
<b>POLICY</b>	<p>Employable applicants/participants are required to participate in work-related activities in order to receive Cash Assistance (CA). 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.</p> <p>Job Center staff that process child care can make direct reservations in ACCIS when a participant chooses an ACS contracted child care center or family child care network provider.</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*

**BACKGROUND** ACS offers a variety of group child care centers and family child care provider networks through contracts, which are available to children of FIA participants as well as low income families. FIA JOS/Workers can reserve a slot with an available contracted ACS child care center or network provider in the ACCIS system. An ACS Resource Area office will complete the enrollment process in ACCIS once they receive confirmation of the child’s start date.

**REQUIRED ACTION** JOS/Workers are required to assist parents/guardians in locating a child care provider that meets the needs of the child. JOS/Workers must give the applicant/participant the Important Information about Child Care form (**LDSS-4647**) to sign and provide at least two referrals to providers that are appropriate, accessible, and affordable according to the standards set forth in “What You Should Know About Your Rights and Responsibilities” ([LDSS 4148A](#)). Referrals must include at least one ACS child care center or family child care network provider unless there are no vacancies near the parent’s home or work site.

In addition, the JOS/Worker must give the parent/guardian the Child Care Appointment Confirmation and Contact List (**CS-667C**) to sign and bring to any visited providers for signatures.

Locating an ACS contracted child care center or family child care network provider

Locating an ACS Contracted Child Care Center or Family Child Care Network Provider

The JOS/Worker must conduct a search in ACCIS to locate an ACS child care center or family child care home. A search can be done by zip code or name. The JOS/Worker may also use this process to search for a private child care center or family child care network provider if no ACS care is available.

The JOS/Worker can locate the contracted child care centers or family child care network provider in ACCIS and view the available slots. The JOS/Worker must call to verify the continued availability of open slots. If the contract center or network indicates that there are open slots, the JOS/Worker can make an appointment for the parent to make a visit.

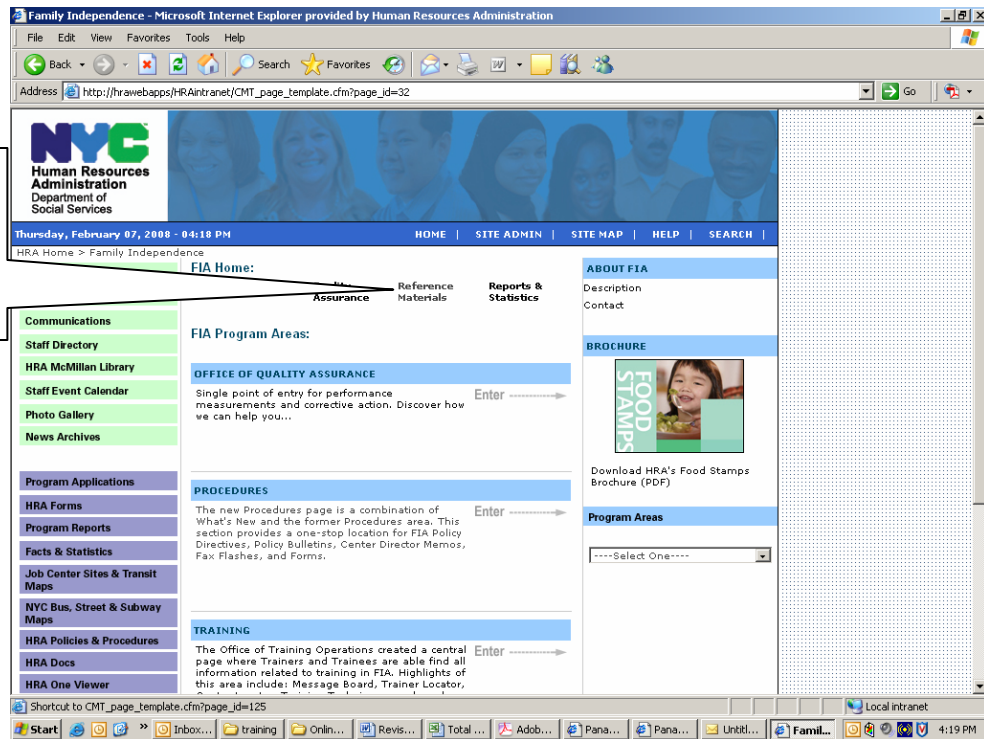
Revised information

**Please note:** ACS contracted child care centers no longer service school-aged children. Refer parents/guardians of school aged children to Out-of-School-Time (OST) programs administered by the Department of Youth and Community Development. [See PD #07-29-EMP](#).

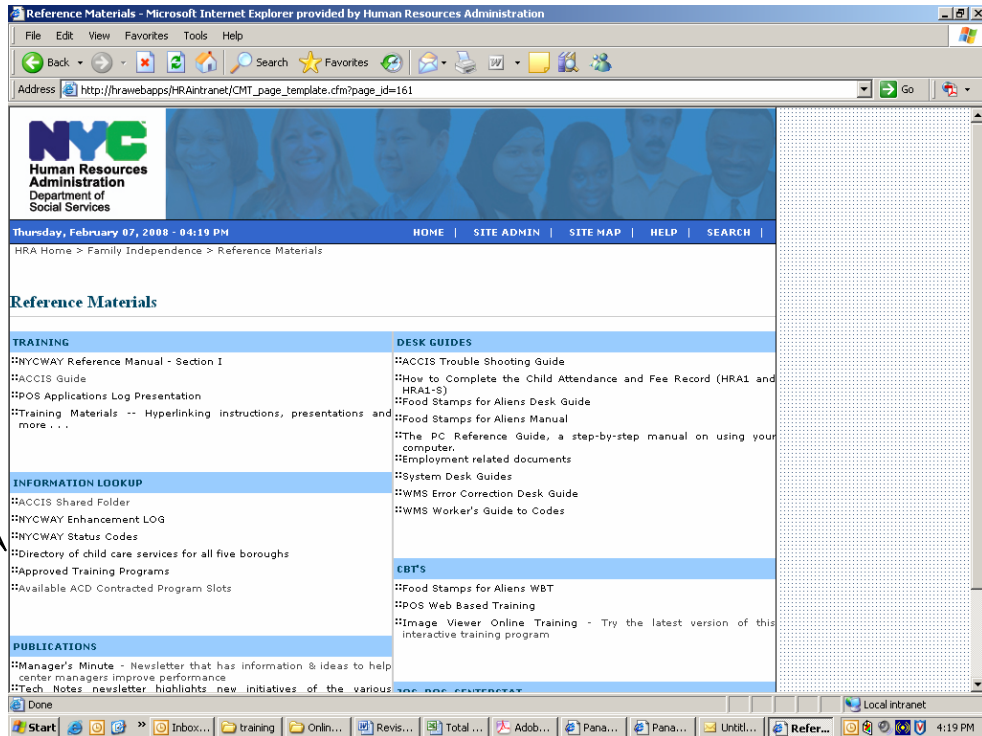
JOS/Workers can also locate contract centers by accessing the “Available ACS Contracted Program Slots” directory located on the FIAweb. The directory can be found in the “Reference Materials” under “Information Lookup” and is broken down by borough.

The document is time sensitive (the number of available slots will change) so it is important to call the contract center or network to make sure there are available slots before making a referral.

Access the FIAweb and click on “Reference Materials”



Click on  
"Directory of  
child care  
services for  
all five  
boroughs"



For all parents receiving Cash Assistance (CA) or Transitional Child Care benefits, the JOS/Workers must complete and sign the Authorization for Child Care Payment (**CS-273K**) form for the parent/guardian to take to the contract center or network provider. Contract centers and network providers have been instructed not to accept the child for enrollment without the authorized **CS-273K**.

No information should be entered into ACCIS until the parent returns with the Child Care Provider Enrollment Supplement (**CS-274W**) signed by the contracted center or network.

Note: The only time that the **CS-273K** is provided prior to enrolling the provider in ACCIS is when referring to contracted care/network providers. Reservations for network providers must be made with the approval of the network.

**Contracted Center/Network Filling Out the CS-274W**

When the parent/guardian returns to the Job Center with the completed **CS-274W**, the ACS contracted center or network should have completed the following:

- Page 1:
  - Their name, ACCIS program or provider number.

If the child care center has an ACCIS number, the license, rates and other provider information are already in the system and it is not necessary for the JOS/Worker to request this information or attach a copy of the provider's license or registration to the **CS-274W**. ACS contracted centers or networks are not required to fill out the entire **CS-274W**.

- Annotated "ACS Contract" to indicate that this is a fully funded ACS center or provider.
- Child Care provider information section:
  - Entered name(s) of the child(ren) who will attend the program.
  - Stated the days and hours child care will take place.
  - Indicated whether care will be full-time or part-time in the "total hours per week" section.

The form should be signed by the network representative or contracted center representative.

The JOS/Worker must also ensure that the Parent/Caretaker section on top of page 1 of the **CS-274W** has been completed.

Once verified that the **CS-274W** is complete it is important that the JOS/Worker make the reservation into ACCIS as soon as possible. The JOS/Worker must first call the contracted center or network again to verify that the slot is still available. If the center/network confirms, then the JOS/Worker will make the reservation. If the reservation is not made in a timely manner, the ACS Resource Area cannot complete the enrollment process for the HRA child and that slot may become unavailable.

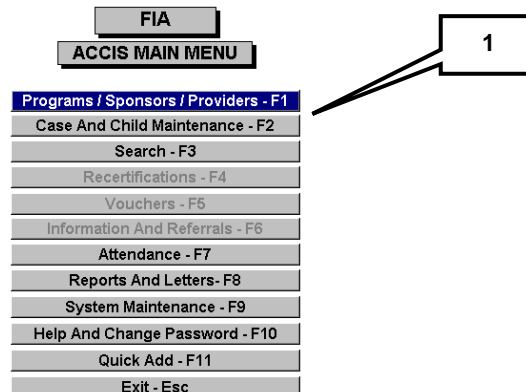
If a parent/guardian returns to the Job Center with the **CS-274W** not filled out and child care not in place, the JOS/Worker must ensure that the individual completes the **CS-667C** indicating the reason for not choosing a child care center or provider. The JOS/Worker must also call the contracted center/network to find out if the parent/guardian actually visited the site. If the contracted center/network still has slots available and the parent refuses the referral without good cause, the JOS/Worker is to enter **133R** (Refused Child Care Referral/Placement) into NYCWAY. Refusal to accept eligible providers (without good cause) will not excuse the parent/guardian from engagement and the JOS/Worker must give the individual a work assignment. However, if the parent refuses to accept a provider because child care does not meet the criteria on the **LDSS-4647** (appropriate, accessible, affordable and suitable), the parent/guardian may be excused from a work activity until child care is secured.

Making a Reservation in ACCIS

In order to make a reservation in ACCIS, the JOS/Worker must:

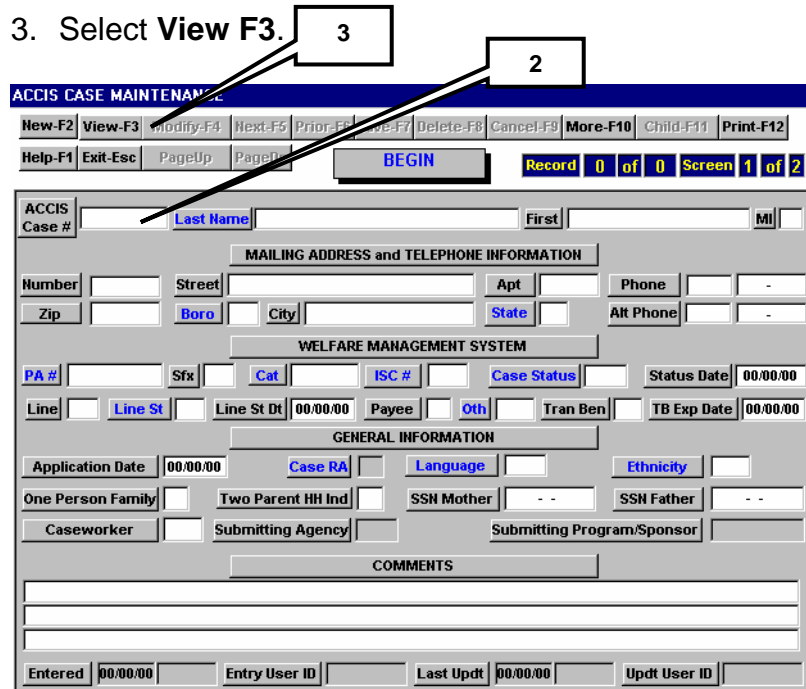
**A. Select the Child's Record**

1. Select **Case and Child Maintenance F2.**

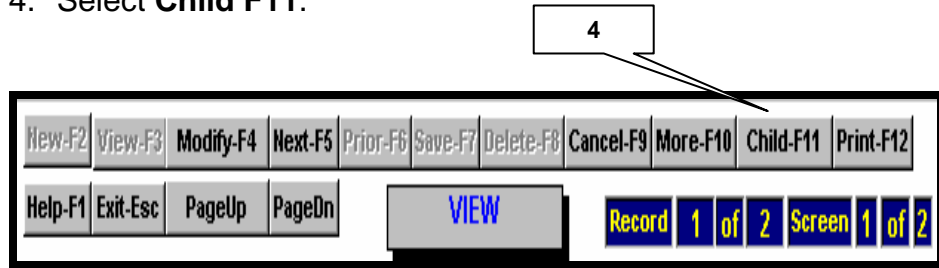


2. Type the ACCIS Case Number in the ACCIS Case # field.

3. Select **View F3.**



4. Select **Child F11**.



5. Select the child for whom the reservation is being made for by either double clicking on the child's name or pressing **More F10**.

Sfx	Child Name	Birth Dt	Age	St	VI	Enroll Pgm	Enroll Prov	Reserv Pgm
01	FOLIN, JOSEPH	6/12/97	3.03	IB	FV		411239	
02	FOLIN, JULIA	4/12/00	.05	IB	FV		411239	

Number of Children: 2

6. When the child's record is displayed, select **PageDn**.

### B. Reservation

Once the child's ACCIS record is selected:

1. Select **Modify F4**.

A screenshot of the ACCIS CHILD MAINTENANCE screen. The menu bar includes options like New-F2, View-F3, Modify-F4, Next-F5, Prior-F6, Save-F7, Delete-F8, Cancel-F9, More-F10, Search-F11, Print-F12. Below the menu bar are buttons for Help-F1, Exit-Esc, PageUp, PageDn, a VIEW button, and a status bar showing Record 2 of 2 and Screen 2 of 2. The main screen displays fields for Case # (00303945), Suffix (02), Last Name (JOHNSON), First (LYMEEK), and Age (2.09). There are sections for ENROLLMENTS, RESERVATIONS, and WAIT LIST. Callout boxes with numbers 1, 2, 3, and 4 point to specific elements: 1 points to 'Modify-F4', 2 points to a field in the enrollment table, 3 points to a field in the reservation table, and 4 points to another field in the enrollment table.

2. Place cursor in "Hrs column" under the "Reservations" section and type F (full-time), P (part-time) or X (extended hours).
3. Type either **I** (infant: six (6) weeks up to two (2) years and 11 months), **P** (preschool: three (3) up to five (5) years and 11 months), in the 'L of C' (Level of Care) field.
4. Type the ACS Contracted Program Number in the Program Number field. The reservation will automatically be filled in with the current date. If the participant is currently enrolled with a provider and is due to start with the ACS contracted center immediately, terminate the current enrollment with an end date that is one day prior to the reservation date.
5. Select **Save F7**.

5

**ACCIS CHILD MAINTENANCE**

New-F2 View-F3 Modify-F4 Next-F5 Prior-F6 Save-F7 Delete-F8 Cancel-F9 More-F10 Search-F11 Print-F12

Help-F1 Exit-Esc PageUp PageDn **MODIFY** Record 1 of 1 Screen 1 of 2

Case # 50000002 Sfx 01 Last Name SOUTH First ASHLEY MI

Applic Dt 11/03/99 Birth Dt 05/15/92 Age 10.00 Sex F Ethnicity SSN - -

School Elig Ind EL Bud St IB AUTH CARE Hr/Dy P Dy/Wk 5

**WELFARE MANAGEMENT SYSTEM**

PA Number 004021672 Sfx 01 Category ADC Line Number

Line Status Line St Dt 00/00/00 CCRS CIN# CCRS LS

**FUNDING**

Reason For Care 1 04 2 3 Priority 3 Effective Date 04/19/02

Funding Streams 1 29 Exp Dt 00/00/00 2 Exp Dt 00/00/00 3 Exp Dt 00/00/00

**VOUCHER** **SPECIAL NEEDS**

Indicator FV Code Wait List Dt 00/00/00 Number Code N 15/40 N

Issue Dt 11/03/99 Expir Dt 00/00/00 Ext Exp Dts 1 00/00/00 2 00/00/00 Rate N Date 11/03/99

**COMMENTS**

Entered 06/14/00 09:52AM Entry User ID LUNA1984 Last Updt 04/22/02 02:07AM Updt User ID NYCWAY

6. Select **Yes**.

The above information is to be repeated for any additional children.

When the JOS/Worker completes the reservation process, the ACS Resource Area will then proceed and enroll the child(ren) into the ACS contracted center or network provider.





**PROGRAM IMPLICATIONS**

Model Center Implications

There are no Model Center implications

Paperless Office System (POS) Implications

JOS/Workers must access NYCWAY to make entries, review and print NYCWAY information related to child care by using the WMS plug  or by minimizing POS and clicking the NYCWAY icon on their desktop. JOS/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 including the **CS-274W, CS-273K, CS-667C and LDSS-4647.**

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

JOS/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. JOS/Workers must use ACCIS to authorize child care payments.

Food Stamp Implications

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

Child care expenses not covered by CA are budgeted for FS purposes as a child care deduction.

Medicaid Implications

There are no Medicaid Implications.

**LIMITED ENGLISH SPEAKING ABILITY (LESA) and HEARING-IMPAIRED IMPLICATIONS**

For Limited English Speaking Ability (LESA) applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #06-12-OPE](#). For hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #06-13-OPE](#).

**FAIR HEARING IMPLICATIONS**

- Avoidance/Resolution      If an applicant/participant comes to the Job Center and requests a conference, the Receptionist must alert the Fair Hearing and Conference (FH&C) unit that the individual is to be seen by a FH&C Supervisor I/Associate JOS I. If the individual calls the JOS/Worker directly, the Worker must tell him/her to go to the Receptionist and be referred to FH&C.
  
- Conferences                The FH&C Supervisor I/Associate JOS I will listen to and evaluate the applicant's/participant's complaint regarding the denial or discontinuance. After reviewing the case record and discussing the issue with the CMU Worker/Associate JOS I, the FH&C Supervisor I/Associate JOS I will make a decision. Remember that the FH&C Supervisor I/Associate JOS I is responsible for ensuring that further appeal by the participant through a fair hearing request is properly controlled and that appropriate follow-up is taken in all phases of the fair hearing process.
  
- Evidence Packets        All evidence packets must include copies of the following items: A detailed History Sheet ([W-25](#)) or a printout of the POS case comments, the Child Care Provider Enrollment Supplement (**CS-274W**), the Authorization for Child Care Payment (**CS-273K**) form and any other child care related documents.


**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 #07-29-EMP](#)
- [PB #07-68-OPE](#)
- [PB #07-111-OPE](#)
- [PB #08-11-OPE](#)

**ATTACHMENTS**

 Please use Print on Demand to obtain copies of forms.

- CS-274W**      Child Care Provider Enrollment Supplement (Rev.4/07)
- CS-273K**      Authorization for Child Care Payment (Rev. 6/07)
- CS-667C**      Child Care Appointment Confirmation and Contact List (Rev. 4/07)
- LDSS-4647**    Important Information about Child Care (Rev. 7/99)

# Child Care Provider Enrollment Supplement\*

To be used with LDSS-4699/LDSS-4700 for all unregulated providers

PARENT/CARETAKER'S NAME:		CASE NUMBER:
ADDRESS:		
TELEPHONE:	SOCIAL SECURITY NUMBER (OPTIONAL, SEE BELOW): <sup>1</sup>	ACCIS CASE NUMBER:
PROVIDER'S NAME:		DATE OF BIRTH: <sup>2</sup>
ADDRESS WHERE CARE IS GIVEN:		
PROVIDER'S ADDRESS (IF DIFFERENT):		
TELEPHONE:	PROVIDER'S SOCIAL SECURITY/LICENSE NUMBER/EIN	
<p><sup>1</sup> The parent/caretaker may, but does not have to, list his/her 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.</p> <p><sup>2</sup> If the provider is less than 18 years old, the Employment of Minors Form must be completed.</p>		

Provider/Agency Name: \_\_\_\_\_

ACCIS Provider Number (if available): \_\_\_\_\_

Provider's License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

**Provider Rate** (All providers, except ACS-contracted programs, must complete this section.)

My weekly child care rates are as follows:

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

**\*ATTENTION:** 1. Regulated/licensed providers are not required to complete the **LDSS-4699** or the **LDSS-4700**. They should complete only pages 1 and 2 of this form and return to the parent/legal guardian. Regulated providers without an ACCIS number must also submit a copy of their license along with the completed **CS-274W**.

2. Informal providers must provide documentation of BOTH their identification and their address in order to be paid by ACS. Please ask your JOS/ACS Worker for the Proof of ID and Residency for Your Child Care Provider or "Babysitter" (**CS-574FF**), which is the list of approved types of ID.

Indicate the weekly schedule(s) of child care services 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									
<b>OFFICE USE ONLY</b>	Total Hours per Week		Total Hours per Week		Total Hours per Week				
	ACS Child Care Rate		ACS Child Care Rate		ACS Child Care Rate				

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 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 his/her 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.

Provider's Name (print clearly): \_\_\_\_\_ Official Title (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Certification**

I certify that I have reviewed the above information and that it is correct. I understand I must report any changes to ACS.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Agency Use Only:**

Is child care authorized for this applicant/participant?  Yes  No

Agency-approved start date for child care: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

## Authorization For Child Care Payment

We will pay child care fees for the following children:

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MONTH DAY YEAR

2. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MONTH DAY YEAR

3. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MONTH DAY YEAR

Name of Parent or Legal Guardian: \_\_\_\_\_

Case Number: \_\_\_\_\_

Eligibility for Child Care Determined on: \_\_\_\_\_  
MONTH DAY YEAR

SAMPLE

To the Child Care Provider:

You will be paid (up to the maximum amount allowed by New York State) for caring for the children above **for as long as the parent or guardian above remains eligible.**

**All parents and guardians who receive subsidized child care are required to be involved in an authorized work-related activity. If parents or guardians discontinue their work activity, they are no longer eligible for child care.** If that happens, we will send you a letter, advising you that you should discontinue your services as of the effective date on the termination letter.

Make sure this authorization is signed. The City of New York cannot pay for child care if the parent or guardian is not eligible.

Authorized Worker: \_\_\_\_\_  
PLEASE PRINT

Title: \_\_\_\_\_ Center: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
WORKER'S SIGNATURE

## Child Care Appointment Confirmation and Contact List

Parent/Guardian's 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.

<i>Provider Name (Worker-Referred)</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address (Worker-Referred)</i>			

**PROVIDER:** Are there any available openings?    Yes    No

License No.: \_\_\_\_\_      Provider's 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>Provider Name (Worker-Referred)</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address (Worker-Referred)</i>			

**PROVIDER:** Are there any available openings?    Yes    No

License No.: \_\_\_\_\_      Provider's 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: \_\_\_\_\_

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.

<i>Provider Name (Self-Referred)</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address (Self-Referred)</i>			

**PROVIDER:** Are there any available openings?  Yes  No

License No.: \_\_\_\_\_ Provider's 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>Provider Name (Self-Referred)</i>	<i>Telephone Number</i>	<i>Appointment</i>	
		<i>Date</i>	<i>Time</i>
<i>Provider Address (Self-Referred)</i>			

**PROVIDER:** Are there any available openings?  Yes  No

License No.: \_\_\_\_\_ Provider's 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- or self-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 enrollment form(s) (**LDSS-4699/LDSS-4700** and/or **CS-274W**) provided to me and other supporting documentation (if applicable) no later than \_\_\_\_\_ or risk being found ineligible for benefits.

RETURN APPOINTMENT DATE

\_\_\_\_\_  
PARENT / GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JOS / CHILD CARE WORKER'S SIGNATURE

\_\_\_\_\_  
DATE



# ***Important Information about Child Care***

If you are receiving Temporary Assistance and *need child care* in order to participate in work activities, please read this notice. It will tell you about your rights and responsibilities and about how to locate a child care provider.

## ***Your Rights***

Your ***cash assistance cannot be reduced or ended*** because you are not participating in work activities ***if*** the reason you are not participating is because ***you don't have appropriate, accessible, affordable and suitable child care.***

You have the ***right to receive information*** about how to locate a child care provider. This information could be provided in a number of ways.

- Your worker can give you the name and telephone number of a Child Care Resource and Referral Program or other similar program which can help you find a child care provider; or
- Your worker can give you a list with the name, address and telephone numbers of child care providers.

You have the ***right to choose*** the child care provider for your child. This could be a provider who is licensed or registered or it could be a relative, a friend of the family or a trusted neighbor.

If you are unable to find a child care provider on your own, your worker must provide you with ***two choices*** of child care providers. At least one of these choices must be a child care provider who is licensed or registered with the State of New York or with New York City Department of Health.

You have the ***right to be excused from your work activity*** if you have a child under 13 years of age and you are unable to find a child care provider that is ***appropriate, accessible, affordable and suitable.*** However, the time you are excused from your work activity will still count toward your 60 month limits of federally funded and cash Temporary Assistance.

- ***Appropriate*** means the provider is open for the hours and days needed for you to participate in your work activity, and is willing to care for your child(ren) including any special needs your child has.
- ***Accessible*** means that you are able to get to the provider by driving your own car or by public transportation and the provider is located within a ***reasonable distance*** from your home and work. Your worker must tell you what is considered a reasonable distance for your community.
- ***Unsuitable*** means the physical or mental condition of the provider or the physical condition of the home would be detrimental to the health or safety of your child(ren).
- ***Affordable*** means you have enough money to pay your share of the child care cost, if you are required to pay a share of the costs.

You have the ***right to request a fair hearing to appeal the decision to reduce or end your Temporary Assistance*** if you feel your worker made the wrong decision regarding your refusal to comply with your work activities due to a lack of child care.



## ***Your Responsibilities***

It is your responsibility to ***look for and choose*** a child care provider.

If you are unable to find a child care provider, ***you must do the following***.

1. ***Let your worker know*** what you have done to find a provider and ***ask for help*** in finding a provider.
2. ***Follow up on all referrals*** you are given by your worker or other programs that are helping you locate a provider. This means ***you must contact or visit all providers that you are referred to*** until you are able to choose a provider that is appropriate, accessible, suitable and affordable.
3. If you have contacted all providers and are still not able to choose any of these providers, ***you must let your worker know in writing which providers you contacted and when and why you did not choose any of these providers***. Your reasons 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 was not located within a reasonable distance from your home or work activity. Each social services district has a different meaning of "reasonable distance". The district must tell you what reasonable distance means in your district.
  - Friends, relatives or neighbors you considered or contacted were unsuitable.
4. If you show that you are unable to locate a provider, your worker ***must offer you a choice of two providers***. At least one of these choices must be a child care provider who is licensed or registered with the State of New York or New York City Department of Health. You must choose one of these providers or show why they are not appropriate, accessible, affordable or suitable.
5. ***You must continue to look*** for a child care provider and follow up on all referrals during the time you are excused from your work activity.
6. If you cannot show that you were unable to locate a provider and that the two choices of providers offered to you were not appropriate, accessible, affordable, or suitable, then your Temporary Assistance cash grant will be reduced if you fail to participate in your work activity.

I have read and understand the above information.

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Client's Name

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Date