



FAMILY INDEPENDENCE ADMINISTRATION

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Office of Procedures

POLICY DIRECTIVE #14-27-EMP

(This Policy Directive Replaces PD #09-40-EMP)

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

| | |
|----------------------------------|-----------------------------------|
| Date: October 28, 2014 | Subtopic(s): Child Care |
|----------------------------------|-----------------------------------|

AUDIENCE The instructions in this policy directive are for Job Center, Training Assessment Group (TAG) and all other staff who process and authorize child care and are informational for others.

REVISIONS TO ORIGINAL PROCEDURE

This policy directive is being revised to:

- Replace the Child Care Appointment Confirm and Contact List (**CS-667C**) with the Child Care Appointment Confirmation and Contact List (**W-273J**).
- Inform staff of changes made to the Child Care Provider Contact List (**W-273J**). The title of the **W-273J** has been changed to Child Care Appointment Confirmation and Contact List. Other changes to the form include the following:
 - The JOS/Worker can enter information for up to four (4) licensed providers instead of three (3).
 - An appointment date and time field has been added to the form for the providers that the applicant/participant is being referred to.
 - The self-referred providers section has been removed.
 - An attestation with a return appointment date field has been added.
- Provide updated screen shots to guide the JOS/Worker on locating a child care provider for the applicant/participant.

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*

POLICY

Parents/guardians who are required to be engaged in work-related activities are entitled to place their children under the age of 13, or children under the age of 19 with special needs, with an appropriate child care provider who is accessible, affordable and suitable.

Child care services may be provided either in or away from the child's place of residence. Parents/guardians have a right to select the type of child care provider necessary to provide the child care services most appropriate for the child's needs, including legally-exempt (informal) child care providers.

Parents/guardians must receive at least two referrals to regulated/licensed child care providers that are appropriate, accessible, and affordable, including at least one referral to an ACS contracted child care center/Early Learn program or family child care network provider.

BACKGROUND

New York City Children's Services (ACS) offers a variety of group child care centers and family child care provider networks through EarlyLearn contracts that are available to children of FIA participants as well as low-income families.

Job Center, TAG and all other staff that are authorized ACCIS users can make an enrollment/reservation in ACCIS when a participant chooses an ACS contracted child care center/Early Learn program or family child care network provider once an actual start date for the child care has been provided.

REQUIRED ACTION

See [PD #09-38-OPE](#) on Important Information about Child care

JOS/Child Care Specialists are required to assist parents/guardians in locating a child care provider that meets the needs of the child. The JOS/Child Care Specialist must discuss the applicant's/participant's rights and responsibilities as outlined in the State booklet titled What You Should Know About Your Rights and Responsibilities (**LDSS-4148A**).

The applicants/participants have the right to:

- seek a child care provider that is:
 - suitable for the child's needs.
 - accessible from the parent's home or work place.
 - affordable.
 - appropriate for the age category of the child.

- receive information on how to locate a provider.
- choose to receive Child Care in Lieu of Cash Assistance (CILOCA).
- be excused from a required work activity if there is a child under 13 years of age or under 19 years of age with special needs for whom he/she is unable to find an appropriate, accessible, affordable and suitable child care provider.

The applicant/participant is responsible for:

- following up on referrals provided by the JOS/Child Care Specialist worker or other program in an effort to help locate a child care provider;
- indicating in writing the providers contacted, when they were contacted, and the reason why he/she did not choose that provider;
- choosing one of the providers to which he/she is referred unless he/she is able to show why the provider was not suitable, accessible, affordable, or appropriate.
- providing accurate, complete and current information regarding family income and composition, child care arrangements and any other circumstances related to the family's eligibility for child care services; and
- notifying the social services district immediately of any changes in such information.

A family which chooses to have a caregiver of informal child care provide child care services in the child(ren)'s own home must provide such caregiver with all employment benefits required by State and/or Federal law and pay the caregiver at least minimum wage, if required by State and/or Federal law.

JOS/Child Care Specialists must provide at least two referrals to regulated/licensed child care providers that are appropriate, accessible, and affordable according to the standards set forth in **LDSS-4148A**. Referrals must include at least one ACS contracted child care center/Early Learn program or family child care network provider unless there are no slots available near the parent's/guardian's home or work site. If child care is not suitable, accessible, affordable, or appropriate applicant/participant can be exempt for 90 days (see page 8).

See [PB #08-11-OPE](#) for required forms based on provider type.

W-273J now used in lieu of the **CS-667C**

The JOS/Child Care Specialist must give the parent/guardian the child care packet that includes all of the child care provider forms, notices, and informationals, as well as the Child Care Provider Enrollment Supplement Form (**CS-274W**). The JOS/Child Care Specialist must also provide the Child Care Appointment Confirmation and Contact List (**W-273J**) to the applicant/participant after completing the relevant portions and confirming slot availability with the child care programs to which the applicant/participant is referred. The JOS/Child Care Specialist must capture the applicant's/participant's signature on the **W-273J**, sign it him/herself and scan and index it into the case record.

Note: No adverse action is to be taken if the parent/guardian does not return with the **W-273J**.

See **CS-574EE** for types of child care providers

Locating an ACS Contracted Child Care Center/Early Learn Program or Family Child Care Network Provider

Search using ACCIS

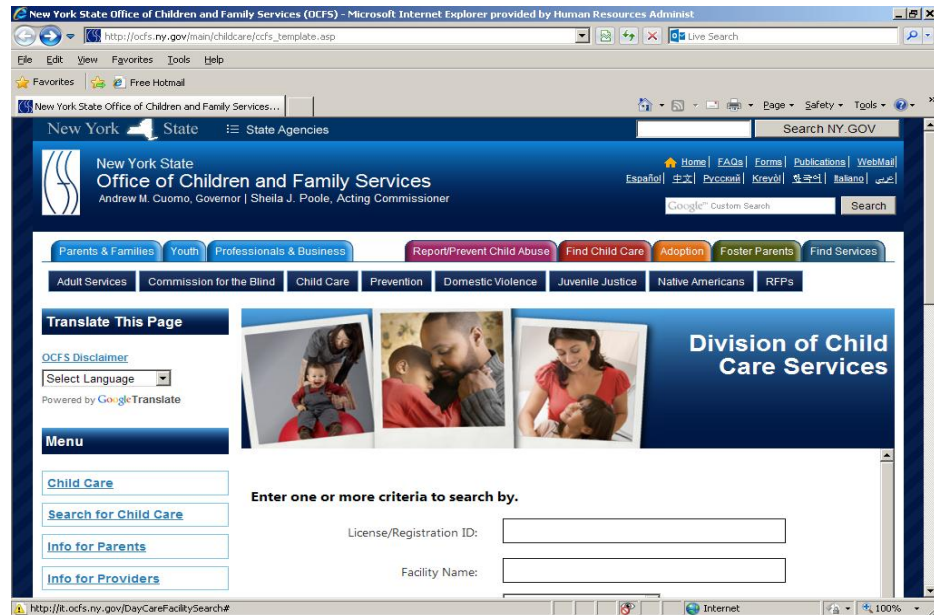
The JOS/Child Care Specialist must conduct a search in ACCIS to locate an ACS contracted child care center/Early Learn program or family child care network provider. A search can be done by ZIP Code or name. The JOS/Child Care Specialist may also search for a private child care center if no other ACS regulated/licensed care is available.

The JOS/Child Care Specialist can view the available slots for the ACS contracted child care center/Early Learn programs or family child care network provider in ACCIS. The JOS/Child Care Specialist must call to verify the continued availability of open slots. If the ACS contracted child care center or family child care network provider indicates that there are open slots, the JOS/Child Care Specialist can make an appointment for the parent/guardian to visit and must enter the information on the **W-273J**.

Search Using OCFS Web site

JOS/Child Care Specialist can also locate ACS contracted child care centers/Early Learn programs and family child care network providers by accessing the OCFS Child Care search link http://ocfs.ny.gov/main/childcare/ccfs_template.asp.

To access this web site copy the link above into the address bar of the HRA Intranet page.



Once the web page is open, if you want to create a shortcut on your desktop, right click and select create shortcut. A window will appear asking “Do you want to put a shortcut to this web site on your desktop?”. Select “Yes” and the shortcut will appear on your desktop.



To find a child care facility, the JOS/Worker must enter one or more criteria from the following:

- License/Registration ID
- Facility Name
- Facility Type
- Facility County
- School District
- Facility Zip Code

The most common way to use this will be to select Facility ZIP Code and enter the applicant/participant’s ZIP Code.

Other criteria include:

- Display only those facilities that administer medication
- Display only those facilities that offer Non-Traditional Hours of Care
- Show only Open facilities (default selection)

Click on “Find Day Care”.

The screenshot shows a web browser window with the URL http://ocfs.ny.gov/main/childcare/ccfs_template.asp. The page title is "New York State Office of Children and Family Services (OCFS) - Microsoft Internet Explorer provided by Human Resources Administ...". The page content includes a search interface with the following elements:

- Search criteria: License/Registration ID, Facility Name, Facility Type (dropdown), Facility County (dropdown), School District (dropdown), Facility Zip Code.
- Filters:
 - Display only those facilities that administer medication
 - Display only those facilities that offer Non-Traditional Hours of Care
 - Show only open facilities
- Number of results to display per page: 10 (a maximum of 1000 results will be displayed)
- Buttons: Find Day Care, Clear
- Search for day care in my area
- Disclaimer: Please note that day care centers in New York City are regulated by the New York City Department of Health and Mental Hygiene (DOHMH). To find a licensed day care center in New York City, also known as group child care services, click here and search by borough.

Two callout boxes provide instructions:

- "Enter Zip Code here." pointing to the Facility Zip Code field.
- "Click here to find day care." pointing to the Find Day Care button.

A list of providers in the ZIP Code area will appear on the screen.

See [PD #10-01-EMP](#).

ACS contracted child care centers/Early Learn programs do not 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 (DYCD).

It is important to call the ACS contracted center/Early Learn program or network to confirm the available slots before making the referral. The referral information must be entered on the **W-273J**.

For all parents/guardians applying for/receiving CA, the JOS/Child Care Specialist must complete and sign the Authorization for Child Care Payment Form (**CS-273K**) for the parent/guardian to take to the ACS contracted child care center/Early Learn program or network provider. ACS contracted child care centers/Early Learn programs and network providers have been instructed not to accept the child for enrollment without the authorized Form **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 ACS contracted child care center/Early Learn program or provider network.

Note: The **CS-273K** is only given prior to enrolling the provider in ACCIS when the referral is made to an ACS contracted child care center/Early Learn program/family child care network provider. Reservations for family child care network providers must be made with the approval of the network.

ACS Contracted Child Care Center/Early Learn Program/Family Child Care Provider Network Completing Form **CS-274W**

When the parent/guardian returns to the Job Center, TAG or other ancillary site with the completed Form **CS-274W**, the ACS contracted child care center or family child care network provider 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. It is not necessary for the JOS/ Child Care Specialist to request this information or attach a copy of the provider's license or registration to Form **CS-274W**. ACS contracted child care centers or family child care networks are not required to fill out the entire Form **CS-274W**.
 - Annotated "ACS Contract" to indicate that this is a fully-funded ACS child care center or family child care network 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 child care network representative or ACS contracted child care center representative.

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

Once the JOS/Child Care Specialist has verified that Form **CS-274W** is complete, he/she must call the ACS contracted child care center/Early Learn program or family child care provider network again to verify that the slot is still available. If the slot is still available, the JOS/Child Care Specialist will make the reservation. It is important that the reservation be made in ACCIS as soon as possible.

If the parent/guardian selects an ACS contracted child care program, the authorized ACCIS user can enroll the child directly into the program. If the parent/guardian selects an Early Learn program the authorized ACCIS user can make a reservation with the Early Learn program. See **Attachment A** for the reservation and direct enrollment process.

Once the child care process is complete, update the EP to **Care Type 1** (Paid child care in place). **Care Type 1** will generate Action Code **933T** (applicant) or **133T** (participant) indicating that the child care process is complete and child care is in place.

If a parent/guardian returns to the Job Center with Form **CS-274W** not filled out and child care not in place, the JOS/Child Care Specialist must ensure that the individual completes Form **W-273J** indicating the reason for not choosing a child care center or provider. If the reason is that the provider has no slots, the worker should contact the provider to verify if slots are now available. If slots are now available, give the parent/guardian another **W-273J** with a fifteen day return appointment and update the Employment Plan with a second **Care Type 3** (Child Care is Required). If the contracted child care center/family child care provider network still has slots available and the parent refuses the referral without good cause, the JOS/Child Care Specialist must update the Employment Plan(EP) and change **Care Type 3** (Child Care is Required) to **Care Type 7** (Child Care is Refused). Action Code **933R** or Action code **133R** will post in the system for applicants and participants respectively. These codes indicate that the applicant/participant Refused Child Care Referral Placement.

Revised

Refer to [PB #14-69-OPE](#) for Child Care Return Appointment information

If the parent/guardian has good cause for refusing child care provider, refer to page 3 for instructions.

Refusal to accept eligible providers (without good cause) will not excuse the parent/guardian from engagement, and the JOS/Child Care Specialist must give the individual a work assignment. However, if the parent/guardian refuses to accept a provider because child care does not meet either the appropriate, accessible, affordable, or suitable criteria as stated in the **LDSS-4148A** State booklet, the parent/guardian may be excused from a work activity until child care is secured. The parent/guardian must provide a reasonable explanation detailing why a provider was refused and what criteria the provider failed to meet.

If the applicant/participant provides documentation that supports his/her claim that acceptable child care cannot be found or there are no vacancies near the home or work site (the JOS/Worker should first consult with his/her supervisor and the Center Designee that the reason for refusing to accept a provider is acceptable), the JOS/Worker must update the EP and change **Care Type 3** (Child Care Is Required) to **Care Type 8** (Child Care Not Found). A “Child Care – Not Found” screen will appear and the JOS/Worker must select one of the following reasons:

- Unable to find accessible care
- No care appropriate for child’s age
- No infant childcare available
- No care suitable for child’s needs
- No after school care program available
- Other (must enter a comment describing the reason)

After a selection is made, Action Code **133N** (Child Care Not Found) will post in the system. The JOS/Worker may enter additional comments as needed.


Note: **Care Type 8** may only be entered if **Care Type 3** was previously entered for the case and after the two child care return appointments were kept.


PROGRAM IMPLICATIONS

Model Center Implications

There are no Model Center implications.

Paperless Office System (POS) Implications

JOS/Child Care Specialists 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. Child Care Specialists must 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 Forms **CS-274W**, **CS-273K**, and **W-273J**.

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/Child Care Specialists 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. The JOS/Child Care Specialists must use ACCIS to authorize child care payments.

Supplemental Nutrition Assistance Program Implications

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

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

Medicaid Implications

There are no Medicaid Implications.

LIMITED ENGLISH PROFICIENT (LEP) AND HEARING-IMPAIRED IMPLICATIONS

For Limited English Proficient (LEP) applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #14-24-OPE](#). For hearing-impaired applicants/participants, make sure to obtain appropriate interpreter services in accordance with [PD #14-18-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.

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 any material presented by the applicant/participant, review the case file and discuss the issue(s) with the JOS/Worker responsible for the case and/or the JOS/Worker's Supervisor. The AJOS/Supervisor I will explain to the applicant/participant, the reason for the Agency's action(s).

If the determination is that the applicant/participant has presented good cause for the infraction or that the outstanding Notice of Intent needs to be withdrawn for other reasons, 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**), change the **02** to an **01** if the case has been granted aid continuing (ATC) or prepare and submit a PA Recoupment Data Entry Form (**LDSS-3573**), to delete a recoupment. The AJOS/Supervisor I must complete a Conference Report (**M-186a**).

If the determination is that the applicant/participant has not shown good cause for the infraction or that the Agency's action(s) should stand then the AJOS/Supervisor I will explain to the applicant/participant why s/he cannot settle the issue(s) in conference (SIC). The AJOSI/Supervisor I must complete a Conference Report.

Evidence Packets

Should the applicant/participant elect to continue his/her appeal by requesting or proceeding to a Fair Hearing, already 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 include copies of the following items: A detailed History Sheet Form (**W-25**), or a printout of the POS case comments, the Child care Provider Enrollment Supplement Form (**CS-274W**), the Authorization for Child care Payment Form (**CS-273K**) 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](#)

RELATED ITEMS

[PD #10-01-EMP](#)
[PB #07-68-OPE](#)
[PB #07-111-OPE](#)
[PB #08-11-OPE](#)
[PD #09-38-OPE](#)
[Employment Process Manual](#)

ATTACHMENTS

 Please use Print on Demand to obtain copies of forms.

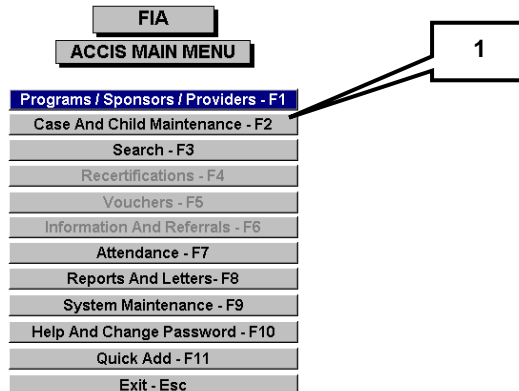
Attachment A Making a Reservation or Direct Enrollment in ACCIS
W-273J Child Care Appointment Confirmation and Contact List (Rev. 10/28/14)
W-273J (S) Child Care Appointment Confirmation and Contact List (Rev. 10/28/14) (Spanish)
CS-273K Authorization for Child Care Payment (Rev. 6/07)
CS-274W Child Care Provider Enrollment Supplement (Rev.4/08)

Making a Reservation or Direct Enrollment in ACCIS

In order to make a reservation or direct enrollment in ACCIS, the JOS/Child Care Worker must:

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**.

The screenshot shows the ACCIS CASE MAINTENANCE screen with the following fields and options:

- ACCIS Case # [] Last Name [] First [] MI []
- MAILING ADDRESS and TELEPHONE INFORMATION
 - Number [] Street [] Apt [] Phone [] - []
 - Zip [] Boro [] City [] State [] AR Phone [] - []
- WELFARE MANAGEMENT SYSTEM
 - PA # [] Sfx [] Cat [] ISC # [] Case Status [] Status Date [00/00/00]
 - Line [] Line St [] Line St Dt [00/00/00] Payee [] Oth [] Tran Ben [] TB Exp Date [00/00/00]
- GENERAL INFORMATION
 - Application Date [00/00/00] Case RA [] Language [] Ethnicity []
 - One Person Family [] Two Parent HH Ind [] SSN Mother [-] SSN Father [-]
 - Caseworker [] Submitting Agency [] Submitting Program/Sponsor []
- COMMENTS []
- Entered [00/00/00] Entry User ID [] Last Updt [00/00/00] Updt User ID []

A callout box labeled '2' points to the ACCIS Case # field. A callout box labeled '3' points to the View-F3 option in the menu bar.

| Sfx | Child Name | Birth Dt | Age | St | VI | Enroll Pgm | Enroll Prov | Reserv Pgm |
|-----|------------|----------|------|----|----|------------|-------------|------------|
| 01 | FOL | 6/12/97 | 3.03 | IB | FV | | 411239 | |
| 02 | FOL | 4/12/00 | .05 | IB | FV | | 411239 | |

Number of Children

ACCIS CHILD MAINTENANCE

Record **2** of **2** Screen **2** of **2**

Case #
 Suffix
 Last Name
 First
 K
 Age

ENROLLMENTS: To enroll a child with a Reservation enter R; to enroll from a Wait List enter 1, 2 or 3

| | H | D | L | Program | RA | PT | CT | Program/Provider Name | Prov ID | IC | Start Date | TC | End Date | Drop Date |
|---|---|---|---|---------|----|----|----|-----------------------|---------|----|------------|----|----------|-----------|
| C | F | 5 | I | | 03 | | | M, OPI A | 644744 | ON | 04/01/01 | | 00/00/00 | 00/00/00 |
| S | | | | | | | | | | | 00/00/00 | | 00/00/00 | 00/00/00 |
| P | | | | | | | | | | | 00/00/00 | | 00/00/00 | 00/00/00 |

RESERVATIONS: To move a Wait List to a Reservation enter 1, 2 or 3

| | Rsrv Dt | TC | Drop Dt |
|---|---------|----|----------|
| C | | | 00/00/00 |
| P | | | 00/00/00 |

WAIT LIST: To delete a Wait List enter 1, 2 or 3

| | Wait Dt |
|---|----------|
| 1 | 00/00/00 |
| 2 | 00/00/00 |
| 3 | 00/00/00 |

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 # | 500 | Sfx | 01 | Last Name | SOL | First | ASI | MI | |
| Applic Dt | 11/03/99 | Birth Dt | 05/15/92 | Age | 10.00 | Sex | F | Ethnicity | |
| 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 |

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

VIEW

Record 2 of 2 Screen 2 of 2

Case # 0031 Suffix 02 Last Name JC First EK Age 2.09
 Voucher FV

ENROLLMENTS: To enroll a child with a Reservation enter R; to enroll from a Wait List enter 1, 2 or 3

| | H | D | L | Program | RA | PT | CT | Program/Provider Name | Prov ID | IC | Start Date | TC | End Date | Drop Date |
|---|---|---|---|---------|----|----|----|-----------------------|---------|----|------------|----|----------|-----------|
| C | F | 5 | I | | 03 | | | MOI IA | 644744 | ON | 04/01/01 | | 00/00/00 | 00/00/00 |
| S | | | | | | | | | | | 00/00/00 | | 00/00/00 | 00/00/00 |
| P | | | | | | | | | | | 00/00/00 | | 00/00/00 | 00/00/00 |

RESERVATIONS: To move a Wait List to a Reservation enter 1, 2 or 3

| | | | | | | Rsrv Dt | TC | Drop Dt |
|---|--|--|--|--|--|----------|----|----------|
| C | | | | | | 00/00/00 | | 00/00/00 |
| P | | | | | | 00/00/00 | | 00/00/00 |

WAIT LIST: To delete a Wait List enter 1, 2 or 3

| | | | | | Wait Dt |
|---|--|--|--|--|----------|
| 1 | | | | | 00/00/00 |
| 2 | | | | | 00/00/00 |
| 3 | | | | | 00/00/00 |

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

VIEW

Record 4 of 4 Screen 2 of 2

Case # 401 Suffix 04 Last Name BRI First IA Age 3.02
 Voucher FV

ENROLLMENTS: To enroll a child with a Reservation enter R; to enroll from a Wait List enter 1, 2 or 3

| H | D | L | Program | RA | PT | CT | Program/Provider Name | Prov ID | IC | Start Date | TC | End Date | Drop Date |
|---|---|---|---------|----|----|----|-----------------------|---------|----|------------|----|----------|-----------|
| C | 0 | | | | | | | | | 00/00/00 | | 00/00/00 | 00/00/00 |
| S | | | | | | | | | | 00/00/00 | | 00/00/00 | 00/00/00 |
| P | F | 5 | T | 07 | | | GRA :GARET | 378820 | | 09/01/06 | SD | 09/12/06 | 09/12/06 |

RESERVATIONS: To move a Wait List to a Reservation enter 1, 2 or 3

| C | F | P | 0706501 | 07 | G | FF | DAY CARE CENTER | Rsrv Dt | TC | Drop Dt |
|---|---|---|---------|----|---|----|-----------------|----------|----|----------|
| C | F | P | 0706501 | 07 | G | FF | DAY CARE CENTER | 03/03/08 | | 00/00/00 |
| P | | | | | | | | 00/00/00 | | 00/00/00 |

WAIT LIST: To delete a Wait List enter 1, 2 or 3

| | Wait Dt |
|---|----------|
| 1 | 00/00/00 |
| 2 | 00/00/00 |
| 3 | 00/00/00 |

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

VIEW

Record 4 of 4 Screen 2 of 2

Case # 40 Suffix 04 Last Name BR First HA Age 3.02
 Voucher FV

ENROLLMENTS: To enroll a child with a Reservation enter R; to enroll from a Wait List enter 1, 2 or 3

| H | D | L | Program | RA | PT | CT | Program/Provider Name | Prov ID | IC | Start Date | TC | End Date | Drop Date |
|---|---|---|---------|----|----|----|-----------------------|---------|----|------------|----|----------|-----------|
| C | 0 | | | | | | | | | 00/00/00 | | 00/00/00 | 00/00/00 |
| S | | | | | | | | | | 00/00/00 | | 00/00/00 | 00/00/00 |
| P | F | 5 | T | 07 | | | GRA ARET | 378820 | | 09/01/06 | SD | 09/12/06 | 09/12/06 |

RESERVATIONS: To move a Wait List to a Reservation enter 1, 2 or 3

| C | F | P | Program | RA | G | FF | DAY CARE CENTER | Rsrv Dt | TC | Drop Dt |
|---|---|---|---------|----|---|----|-----------------|----------|----|----------|
| C | F | P | 0706501 | 07 | G | FF | DAY CARE CENTER | 03/03/08 | | 00/00/00 |
| P | | | | | | | | 00/00/00 | | 00/00/00 |

WAIT LIST: To delete a Wait List enter 1, 2 or 3

| | Wait Dt |
|---|----------|
| 1 | 00/00/00 |
| 2 | 00/00/00 |
| 3 | 00/00/00 |

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

VIEW

Record 3 of 4 Screen 2 of 2

Case # 40 Suffix 03 Last Name JOH First MIC Age 4.07

Voucher FV

ENROLLMENTS: To enroll a child with a Reservation enter R; to enroll from a Wait List enter 1, 2 or 3

| H | D | L | Program | RA | PT | CT | Program/Provider Name | Prov ID | IC | Start Date | TC | End Date | Drop Date |
|---|---|----|---------|---------|----|----|-----------------------|---------|--------|------------|----|----------|-----------|
| r | y | of | Number | | | | | | | | | | |
| s | s | C | | | | | | | | | | | |
| C | F | 5 | P | 0330001 | 03 | G | FF | NEV | | 01/14/08 | | 00/00/00 | 00/00/00 |
| S | | | | | | | | | | 00/00/00 | | 00/00/00 | 00/00/00 |
| P | F | 5 | P | | 03 | | | TRO | 575206 | ON | SD | 10/27/06 | 05/15/07 |

RESERVATIONS: To move a Wait List to a Reservation enter 1, 2 or 3

| C | F | P | Program | RA | PT | CT | Program/Provider Name | Rsrv Dt | TC | Drop Dt |
|---|---|---|---------|----|----|----|-----------------------|----------|----|----------|
| | | | | | | | | 00/00/00 | | 00/00/00 |
| P | F | P | 0330001 | 03 | G | FF | NEW | 12/26/07 | EN | 01/14/08 |

WAIT LIST: To delete a Wait List enter 1, 2 or 3

| | Wait Dt |
|---|----------|
| 1 | 00/00/00 |
| 2 | 00/00/00 |
| 3 | 00/00/00 |

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</i> | | | |
| <p>PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License No.: _____ Provider's Signature: _____</p> <p>Reason for not choosing this provider:</p> <p><input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs.</p> <p><input type="checkbox"/> The provider is not accessible by private or public transportation.</p> <p><input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.</p> <p><input type="checkbox"/> Other (Please Explain): _____</p> | | | |

| | | | |
|--|-------------------------|--------------------|-------------|
| <i>Provider Name (Worker-Referred)</i> | <i>Telephone Number</i> | <i>Appointment</i> | |
| | | <i>Date</i> | <i>Time</i> |
| <i>Provider Address</i> | | | |
| <p>PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License No.: _____ Provider's Signature: _____</p> <p>Reason for not choosing this provider:</p> <p><input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs.</p> <p><input type="checkbox"/> The provider is not accessible by private or public transportation.</p> <p><input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.</p> <p><input type="checkbox"/> Other (Please Explain): _____</p> | | | |

If I choose 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</i> | <i>Telephone Number</i> | <i>Appointment</i> | |
| | | <i>Date</i> | <i>Time</i> |
| <i>Provider Address</i> | | | |
| <p>PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License No.: _____ Provider's Signature: _____</p> <p>Reason for not choosing this provider:</p> <p><input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs.</p> <p><input type="checkbox"/> The provider is not accessible by private or public transportation.</p> <p><input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.</p> <p><input type="checkbox"/> Other (Please Explain): _____</p> | | | |

| | | | |
|---|-------------------------|--------------------|-------------|
| <i>Provider Name</i> | <i>Telephone Number</i> | <i>Appointment</i> | |
| | | <i>Date</i> | <i>Time</i> |
| <i>Provider Address</i> | | | |
| <p>PROVIDER: Are there any available openings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>License No.: _____ Provider's Signature: _____</p> <p>Reason for not choosing this provider:</p> <p><input type="checkbox"/> The provider was not open for the days or hours needed or could not care for your child's special needs.</p> <p><input type="checkbox"/> The provider is not accessible by private or public transportation.</p> <p><input type="checkbox"/> The provider is not within reasonable distance because the travel time from your home to the child care provider and then to your work activity exceeds 1 hour and 30 minutes.</p> <p><input type="checkbox"/> Other (Please Explain): _____</p> | | | |

I will accept one of the above providers or seek other licensed, legally-exempt, or informal care so I can participate in my activity as noted above. (See form **CS-574EE** in your child care packet.)

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

If I choose to use an informal or legally-exempt child care provider, the provider must be approved by the enrollment agency in order for the provider to receive payment from the Human Resources Administration (HRA).

I will provide a written explanation if I do not accept one of the Worker referred providers or am unable to locate my own 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 _____, and if I do not do so I may be found ineligible for benefits.

RETURN APPOINTMENT DATE

PARENT / GUARDIAN'S SIGNATURE _____
DATE

JOS / CHILD CARE WORKER'S SIGNATURE _____
DATE

Confirmación de Cita de Cuidado Infantil y Lista de Contactos

Nombre del/de la 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 poder obtener trabajo o seguir trabajando y/o participando en una actividad relacionada con el trabajo, debe estar arreglado el cuidado infantil para mi(s) niño(s) quien(es) necesite(n) cuidado. Confirmaré este arreglo de cuidado infantil al cumplir las siguientes citas de cuidado infantil, que se me han programado.

| | | | |
|--|-------------------|-------|------|
| Nombre del Proveedor (Remitido por el Trabajador) | Número Telefónico | Cita | |
| | | Fecha | Hora |
| Dirección del Proveedor | | | |
| PROVEEDOR: ¿Hay disponibilidad? <input type="checkbox"/> Sí <input type="checkbox"/> No Núm. de Licencia: _____ Firma del Proveedor: _____ La razón por no escoger a este proveedor: <input type="checkbox"/> El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a). <input type="checkbox"/> Usted no puede transportarse al proveedor por transporte privado o público. <input type="checkbox"/> El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos. <input type="checkbox"/> Otro caso (Explique por favor): _____ _____ _____ | | | |

| | | | |
|--|-------------------|-------|------|
| Nombre del Proveedor (Remitido por el Trabajador) | Número Telefónico | Cita | |
| | | Fecha | Hora |
| Dirección del Proveedor | | | |
| PROVEEDOR: ¿Hay disponibilidad? <input type="checkbox"/> Sí <input type="checkbox"/> No Núm. de Licencia: _____ Firma del Proveedor: _____ La razón por no escoger a este proveedor: <input type="checkbox"/> El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a). <input type="checkbox"/> Usted no puede transportarse al proveedor por transporte privado o público. <input type="checkbox"/> El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos. <input type="checkbox"/> Otro caso (Explique por favor): _____ _____ _____ | | | |

Si escojo a un proveedor de mi propia cuenta, escribiré en el formulario el nombre, la dirección y el número de teléfono del proveedor; además, le pediré al proveedor que firme el formulario.

| | | | |
|---|--------------------------|--------------|-------------|
| <i>Nombre del Proveedor</i> | <i>Número Telefónico</i> | <i>Cita</i> | |
| | | <i>Fecha</i> | <i>Hora</i> |
| <i>Dirección del Proveedor</i> | | | |
| PROVEEDOR: ¿Hay disponibilidad? <input type="checkbox"/> Sí <input type="checkbox"/> No Núm. de Licencia: _____ Firma del Proveedor: _____ La razón por no escoger a este proveedor: <input type="checkbox"/> El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a). <input type="checkbox"/> Usted no puede transportarse al proveedor por transportación privada o pública. <input type="checkbox"/> El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos. <input type="checkbox"/> Otro caso (Explique por favor): _____ _____ _____ | | | |

| | | | |
|---|--------------------------|--------------|-------------|
| <i>Nombre del Proveedor</i> | <i>Número Telefónico</i> | <i>Cita</i> | |
| | | <i>Fecha</i> | <i>Hora</i> |
| <i>Dirección del Proveedor</i> | | | |
| PROVEEDOR: ¿Hay disponibilidad? <input type="checkbox"/> Sí <input type="checkbox"/> No Núm. de Licencia: _____ Firma del Proveedor: _____ La razón por no escoger a este proveedor: <input type="checkbox"/> El proveedor no estaba disponible los días u horas necesarios o no pudo atender las necesidades especiales de su niño(a). <input type="checkbox"/> Usted no puede transportarse al proveedor por transportación privada o pública. <input type="checkbox"/> El proveedor no está ubicado en una distancia adecuada porque la duración del viaje desde el hogar suyo hasta el proveedor de cuidado infantil y luego a su actividad de trabajo excede 1 hora y 30 minutos. <input type="checkbox"/> Otro caso (Explique por favor): _____ _____ _____ | | | |

Aceptaré a uno de los proveedores más arriba, o buscaré otro cuidado autorizado, legalmente exento o informal para poder participar en mi actividad, tal como indicado más arriba. (Vea el formulario **CS-574EE [S]** en su paquete de cuidado infantil.)

Si uso un proveedor autorizado, entiendo que debo además obtener todos los expedientes médicos/de vacunación necesarios para que mi(s) niño(s) pueda(n) comenzar tan pronto posible.

Si decido usar un proveedor de cuidado infantil informal o legalmente exento, el proveedor debe ser aprobado por la agencia de inscripción para que el proveedor reciba pago de la Administración de Recursos Humanos (HRA).

Proveeré explicación por escrito si no acepto a uno de los proveedores al cual me remita el Trabajador o si no puedo obtener a mi propio proveedor.

Entiendo que tengo una cita para devolver este formulario, el/los formulario(s) de inscripción del proveedor de cuidado infantil (**LDSS-4699/LDSS-4700 [S]** y/o **CS-274W [S]**) que se me ha proveído y otra documentación justificativa (de haberla) a más tardar _____, y en caso de no tomar este paso,

FECHA DE LA CITA DE REGRESO

se me puede considerar ineligible para beneficios.

FIRMA DEL/DE LA PADRE/MADRE/TUTOR

FECHA

FIRMA DEL TRABAJADOR DE CUIDADO INFANTIL / JOS

FECHA

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 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): ¹ | ACCIS CASE NUMBER: |
| PROVIDER'S NAME: | | DATE OF BIRTH: ² |
| ADDRESS WHERE CARE IS GIVEN: | | |
| PROVIDER'S ADDRESS (IF DIFFERENT): | | |
| TELEPHONE: | PROVIDER'S SOCIAL SECURITY/LICENSE NUMBER/EIN | |
| <p>¹ 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>² Legally-responsible relatives (parents, stepparents, and legal guardians) cannot be paid as child care providers for their own child(ren).</p> <p>³ 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 | 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) | | | | |

***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 | |
| Monday | | | | | | | | | |
| Tuesday | | | | | | | | | |
| Wednesday | | | | | | | | | |
| Thursday | | | | | | | | | |
| Friday | | | | | | | | | |
| Saturday | | | | | | | | | |
| Sunday | | | | | | | | | |
| OFFICE USE ONLY | 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