

CHILD CARE SUBSIDY CERTIFICATE

DATE OF ISSUE	CASE NUMBER:	UNIT OR WORKER NAME:	UNIT OR WORKER TELEPHONE NO.
PARENT/CARETAKER NAME:		NAME OF AGENCY/CENTER OR DISTRICT OFFICE:	
PARENT/CARETAKER ADDRESS:		ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:	
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The parent/caretaker has been authorized to receive child care assistance for the child listed below.
 The child care benefits are effective from 1/1/2011 to 5/1/2011.
 (A certificate must be issued for each child)

CHILD'S NAME	DATE OF BIRTH	CATEGORY OF CARE	MARKET RATES Maximum weekly rate	AGE RANGE
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

PROVIDER INFORMATION

Social Services Districts can only pay licensed, registered or enrolled legally exempt child care providers.
 Social Services Districts must pay the applicable market rate unless the actual cost of care is less, in which case, the Social Services Districts must pay the actual cost of care. The Social Services Districts CANNOT PAY more than the maximum New York State market rates. If the cost of care is greater than the market rate the parent is responsible for the balance.
 A certificate must be completed for **each** child receiving child care subsidy.
 The provider must complete the section below, sign and return this certificate to
 Albany County DCYF
 112 State Street
 Albany, NY 12207 by 3/20/11.

PROVIDER NAME AND ADDRESS	CCFS#	DAYCARE SERVICES <input type="checkbox"/> HAVE OR <input type="checkbox"/> WILL BE PROVIDED AS FOLLOWS:
		Days of Care Provided: _____
		Hours of Care Per Day _____
		Hours of Care Per Week _____
		Dollar Amount Billed Per Week _____
Provider Signature:		Date: