

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DELINQUENT FAMILY SHARE FOR CHILD CARE BENEFITS

NOTICE DATE:		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE		
CASE NUMBER	CIN NUMBER	GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP		
CASE NAME (And C/O Name if Present) AND ADDRESS				
		OR Agency Conference _____ Fair Hearing information and assistance _____ Record Access _____ Legal Assistance _____		
OFFICE NO.	UNIT NO.	WORKER NO.	UNIT OR WORKER NAME	TELEPHONE NO.
This notice is to tell you that you are delinquent in making payment of your family share of \$ _____ per _____ . The total amount overdue is _____. If the total amount overdue has not been paid, or if a satisfactory arrangement to make payment of the amount overdue has not been made by _____, this agency will take action to discontinue your Child Care benefits.				
The Law(s) and/or Regulation(s) that allow us to do this is: 18 NYCRR Section 404.6(a) and 404.6(b) You must pay the total amount overdue <u>or</u> make a satisfactory arrangement for payment of the overdue amount no later than _____ to avoid further action by this agency.				
If you need to arrange a payment plan, contact: _____				
Your overdue fees should be paid to: _____				

FAILURE TO PAY FAMILY SHARE OR MEET THE REQUIREMENTS OF YOUR PAYMENT PLAN WILL LEAD TO DISCONTINUANCE OF YOUR CHILD CARE BENEFITS.