

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**NOTICE OF CHANGE IN PROVIDER PAYMENTS**

NOTICE DATE: / /		EFFECTIVE DATE: / /		NAME AND ADDRESS OF AGENCY/CENTER OR DISTRICT OFFICE:	
CASE NUMBER:		CIN NUMBER:			
CASE NAME (And C/O Name If Present) AND ADDRESS:				GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP:	
				<b>OR</b>	
OFFICE NO.:		UNIT NO.:		WORKER'S NO.:	
				UNIT OR WORKER'S NAME:	
				WORKER'S TELEPHONE NO.:	

**Your eligibility for child care assistance has not changed.**

- Your selected child care provider is not eligible, or is no longer eligible, to receive child care assistance payments (see Section A).
- Your selected child care provider is newly eligible to receive child care assistance payments (see Section B).
- Your child care assistance payment amount has changed (see Section C).

**Section A – Provider IS NOT Payable.**

Your provider is not eligible, or is no longer eligible, to receive child care assistance payments because of the reason checked below. In order to continue receiving child care assistance, you must choose a new eligible child care provider and notify the district by (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. If you do not choose a new provider and continue to receive child care from your current provider, you will be responsible for payments to that provider beginning on the date below.

- Your *child care provider* was **disqualified** from receiving child care assistance payments pursuant to 18 NYCRR 415.4(h)(2)(i) effective (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. Per 18 NYCRR 415.4(h)(2)(iii), a child care provider disqualified pursuant to this provision is disqualified from receiving child care assistance payments for a minimum of five years and is no longer payable.
- Your *legally exempt child care provider's* eligibility to provide child care services funded under the NYS Child Care Block Grant was **suspended** by the district effective (date) \_\_\_\_/\_\_\_\_/\_\_\_\_ and is **not currently payable**.
- Your *legally exempt child care provider* is **no longer in a payable status** effective (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. Please contact your local enrollment agency for more information.
- Your *licensed or registered child care provider* is **no longer in a payable status** effective (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. Please contact your regional office for more information.
- Your child care assistance case is **not funded under the NYS Child Care Block Grant Program**, so your *legally exempt child care provider* cannot receive child care assistance payments effective (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. If you wish to continue receiving child care benefits, you must choose a licensed or registered child care provider.
- Your *child care provider* is **disapproved** from receiving child care assistance payments effective (date) \_\_\_\_/\_\_\_\_/\_\_\_\_. The provider you have chosen has been **disapproved for your protective or preventive case** because the district believes it is contrary to the health, safety, or welfare of the child to receive child care services from that provider.
- Your *child care provider* is **not eligible** to receive child care assistance payments for your case because they were determined to be part of your **Child Care Services Unit** effective (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Section B – Provider IS Payable.</b>
<p>The agency is able to pay your provider again because:</p> <p><input type="checkbox"/> Your <i>legally exempt child care provider</i>, who was previously not in a payable status, is now in payable status again. Your provider <b>is eligible</b> for care provided beginning (date) ____ / ____ / ____, for the amounts shown in Section D.</p> <p><input type="checkbox"/> Your <i>licensed or registered child care provider</i>, who was previously not in a payable status, is now in payable status again. Your provider <b>is eligible</b> for care provided beginning (date) ____ / ____ / ____, for the amounts shown in Section D.</p> <p>Comments: _____</p> <p>_____</p>

<b>Section C – Change in Your Child Care Assistance Payment Amount.</b>
<p>Your child care assistance payment amount has changed as provided in Section D (below). Your child care assistance eligibility will continue through (date) ____ / ____ / ____.</p> <p>Your payment has changed because:</p> <p><input type="checkbox"/> New Child Care Assistance Program (CCAP) <b>market rates</b> have been issued, effective (date): ____ / ____ / ____.</p> <p><input type="checkbox"/> <b>Differential payment</b> rate percentage(s) have been/will be changed, effective (date) ____ / ____ / ____.</p> <p><input type="checkbox"/> The <b>enhanced market rate</b> changes from ____ to ____, effective (date) ____ / ____ / ____.</p> <p><input type="checkbox"/> You notified the agency of a <b>change in your provider</b> on (date) ____ / ____ / ____.</p> <p><input type="checkbox"/> The agency was advised of a <b>change in your provider’s rates</b>, effective on (date) ____ / ____ / ____.</p> <p><input type="checkbox"/> Your provider is <b>no longer eligible</b> for a differential payment rate or enhanced rate.</p> <p><input type="checkbox"/> Your provider is <b>now eligible</b> for a differential payment rate.</p> <p><input type="checkbox"/> Your provider is <b>now eligible</b> for an enhanced rate.</p> <p><input type="checkbox"/> Other: _____</p> <p>Comments: _____</p> <p>_____</p>

<b>Section D – Your Approved Benefits.</b>			
Child(ren):	For This Provider:	For the Amount of:*	Full Time of Part Time:
<b>*Actual payments may vary as permitted by regulation.</b>			
<b>Benefits will be paid:</b> <input type="checkbox"/> Directly to you. <input type="checkbox"/> Directly to your provider. Your child care provider must submit a bill and attendance sheet to your local department of social services.			
The LAW(S) AND/OR REGULATION(S) that allow(s) us to do this is/are:			

**There is no right to a fair hearing for the changes contained in this notice.**

**For further information, please contact the agency at the phone number listed at the top of the front page. To notify the district of a new provider, please see next page.**

