

ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES  
95 FRANKLIN STREET – BUFFALO, NEW YORK 14202

**CHILD CARE – PAYMENT QUESTIONNAIRE**

CLIENT NAME \_\_\_\_\_ CASE # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT**

- ❖ You and your child care provider must complete and sign this Questionnaire.
- ❖ A separate Questionnaire must be completed for each child care provider.
- ❖ A new Questionnaire must be completed and included with each Recertification.
- ❖ A new Questionnaire must be completed if you change child care providers.
- ❖ A new Questionnaire must be completed if your hours of employment change.
- ❖ A new Questionnaire must be completed if your household composition changes.
- ❖ A new Questionnaire must be completed if the cost of your child care changes.

---

---

**TO BE COMPLETED BY CENTER/PROVIDER**

PROVIDER NAME \_\_\_\_\_ SS # / TAX ID # \_\_\_\_\_

Facility Name \_\_\_\_\_ VENDOR # \_\_\_\_\_

ADDRESS \_\_\_\_\_ LICENSE # \_\_\_\_\_

PHONE # \_\_\_\_\_

Are you in receipt of Financial Assistance?  YES  NO

If **YES**, enter your Case # \_\_\_\_\_

PROVIDER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

---

---

RETURN TO:

CASEWORKER/EXAMINER \_\_\_\_\_ UNIT / WORKER # \_\_\_\_\_

PHONE # 858-\_\_\_\_\_

