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-_____

B-3923 (Rev. 4/13) Front

I. PARENT: COMPLETE PLACE OF EMPLOYMENT/TRAINING: _____

COMPLETE DAILY WORK/TRAINING SCHEDULE (e.g. 9am-5pm)

S	M	T	W	TH	F	SAT.

II. PROVIDER: COMPLETE FOR EACH CHILD IN CARE

	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
Child's Name					
Child's DOB					
Child's school schedule (e.g. 9:00 am - 3:00 pm)					
Date child started in care					
Hours in care per day					
Circle days in care per week	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su
Hourly cost of day care					
Daily cost of day care					
Weekly cost of day care					

AGENCY USE ONLY							
PAYMENT TYPE		III ENTER A (✔) TO INDICATE THE CURRENT CHILD CARE ARRANGEMENT FOR EACH CHILD					
FULL TIME	PART TIME	CURRENT CHILD CARE ARRANGEMENT	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
37	38	Day Care Center					
34	36	Group Family Day Care Provider					
32	33	Family Day Care Provider					
R8	R6	School Age Child Care Program					
R0	R1	Watched in Your Home by a Relative					
30	31	Watched in Your Home by a Non-Relative					
R2	R3	Watched in a Relative's Home					
R4	R5	Watched in a Non-Relative's Home					

NOTE: Payments will be based on the actual number of hours employed, plus a reasonable travel time allowance.

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

CLIENT'S SIGNATURE _____ DATE _____ PROVIDER'S SIGNATURE _____ DATE _____