

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

CHILD CARE – PAYMENT QUESTIONNAIRE

CLIENT NAME _____ CASE # _____

ADDRESS: _____, _____ NY _____

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: _____, DBA Name: _____

Providers SSN: _____ - _____ - _____ OR DBA TAX ID _____ - _____

Site Address: _____, City _____, NY Zip _____

Mailing Address: _____, City _____, NY Zip _____

Contact Person: _____ Phone #: (_____) - _____ - _____

License #: _____ License Period: ____/____/____ to ____/____/____

CCFS Permit #: _____ Expiration Date: ____/____/____

Vendor #: _____

Are you in receipt of Temporary Assistance? YES NO

If YES, enter your Case#: _____

Please indicate if your business can be categorized as being owned by any of the following:

AA-Asian American Black Hispanic AI-Native American WO-Woman Owned Veteran Owned

Provider Signature _____ Date: ____/____/____

RETURN TO:

CASEWORKER/EXAMINER _____ UNIT / WORKER # _____ / _____

PHONE # 858- _____

I. PARENT: COMPLETE PLACE OF EMPLOYMENT/TRAINING: _____
 COMPLETE DAILY WORK/TRAINING SCHEDULE (e.g. 9am-5pm)

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

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				
Hourly cost of day care					
Part Day cost of day care					
Daily cost of day care					
Weekly cost of day care					

III. ENTER A () TO INDICATE THE CURRENT CHILD CARE ARRANGEMENT FOR EACH CHILD

PAYMENT TYPE (Agency Use Only)		CURRENT CHILD CARE ARRANGEMENT	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
FULL Time	PART Time						
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.

IV. TRAVEL TIME BETWEEN CHILD CARE PROVIDER AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY

DROP-OFF	Travel time from the child care provider to work/activity?	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5	Public Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
PICK-UP	Travel time from work/activity to the child care provider?	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5	Public Transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

CLIENT'S SIGNATURE

DATE

PROVIDER'S SIGNATURE

DATE