ENROLLMENT OF CAREGIVER OF LEGALLY EXEMPT GROUP CHILD CARE

The purpose of this form is to establish that the child care that you provide does not require y licensed and is legal under the laws and regulations of the State of New York. In order to rece care provided, you must answer all items below. Do not use this form if care is being provided

This form must be completed by the child care provider and returned to the following address by

_____
_____
_____
_____

PAYMENT CAN BE GIVEN ONLY AFTER REVIEW OF THIS FORM INDICATES THAT YOU ARE PROVIDING CHILD CARE REGULATION.

1. Agency/Organization Name: _____
   Address: _____
   _____
   _____
   Phone #: (____)_____

   Contact person: _____ Title: _____
   Phone #:(_____)_____

2. Child for whom payment is requested: _____ Rate Charged $__

3. What days is the child named in #2 in program? _____

   What time/hours each day is the child named in #2 in program? _____

   How many hours per week is the child named in #2 in program? _____

For the following questions, CIRCLE the appropriate answer.

4. I (allow) (do not allow) the caretaker relatives of the child(ren) named in #2 unlimited a child(ren); to written records regarding their child(ren); and to myself and the premises wh in my care.

5. I (have) (have not) received all fees from the caretaker relative due to me as of this date

6. Check the statement which describes your program.

[__] a. This program is a nursery school, pre-kindergarten or day care program for childre operated by a public school district or by a private school or academy which is pr secondary education or both in accordance with the compulsory education requiremen program is located on the same premises or campus where the elementary or secondar

[__] b. This program is a program for school-age children conducted during non-school hour school district or by a private school or academy which is providing elementary o in accordance with the compulsory education requirements of the Education Law. Th premises or campus where the elementary or secondary education is provided.

[__] c. This program is a nursery school or program for preschool-aged children operated b organization or a private proprietary agency which provides services to children f day.

[__] d. This program is a summer day camp operated in accordance with Subpart 7-2 of the S valid permit from the Department of Health. Attach a copy of your permit to opera

[__] e. This program is a day care center, family day care home or other child care progra and operated in compliance with federal laws and regulations.

[__] f. None of the above statements describe this program.

I certify that the statements above are accurate and true to the best of my knowledge. I unders information may lead to the suspension or termination of payments by the Department of Social Se

_____ _____

(Child care provider's signature) (Date)

----------(District use only)----------

Case # _____

Case Name _____

Client Name _____

_____ Initial Determination _____ Redetermination

Check one:

_____ This applicant is an eligible child care provider and may be authorized to receive child c

_____ This applicant is not an eligible child care provider and may not be authorized to receiv

The caretaker relative has been referred to _____ for assistance l
care provider.

The applicant provider has been referred to _____ regarding lic

The applicant provider and the caretaker relative have been notified of this determination via:

_____ Phone
_____ Letter
_____ Copy of this form

_____ _____

(Worker's Signature/Unit/Worker #) (Date)

ENROLLMENT OF CAREGIVER OF INFORMAL CHILD CARE
(IN CHILD'S HOME)

The purpose of this form is to establish that the child care that you provide does not require y
licensed and is legal under the laws and regulations of the State of New York. In order to rece
care provided, you must answer all items below.

This form must be completed by the child care provider and returned to the following address by _

_____
_____
_____
_____

PAYMENT MAY BE GIVEN ONLY AFTER REVIEW OF THIS FORM INDICATES THAT YOU ARE PROVIDING CHILD CARE
REGULATION.

1. Provider's Name:_____ Social Security Number: __
(May be required only if D

Address:_____
_____
_____

Phone:( )_____

2. List below the names of ALL the children (other than your own) for whom you are, or will be,
days and time in care, total hours per week they are in care, and the amount you charge for

CHILD'S NAME/AGE	DAY(S)IN CARE	TIME/HOURS EACH DAY	HOURS/WK.	$/WEEK	RELATIONSHIP T
Ex. John Dee 2 yrs	M, W, Th	8 AM - 11 AM (3 hrs)	9	$24.00	None

3. Circle YES or NO for each of the following statements.
   a. I am the grandparent, great grandparent, great great grandparent, aunt/uncle, great aun
      brother/sister, or first cousin of all the children named in #2.

   b. I will provide care for more than 4 hours per day.

   c. I will provide care for more than 4 days per week.

      If both 3b and 3c are yes, I will receive minimum wage.

4. I am 18 years of age or older.

If you answered NO to question #4, answer a, b, c, and d below by circling the correct response.
   a. I have valid working papers.

   b. I am age 14 or 15 and work no more than 3 hours per day up to a maximum of 18 hours per
      while school is in session. I do not provide care between the hours of 7:00 pm. and 7:

   c. I am age 16 or 17 and work no more than 4 hours per day up to a maximum of 28 hours per
      school is in session. I do not provide care between 10:00 pm. and 6:00 am.

   d. I am providing child care during the hours I am required to attend school.

For the following questions, CIRCLE the appropriate answer.
5. All of the above named children (do) (do not) reside in this household.

6. I (allow) (do not allow) the caretaker relatives of the child(ren) named in #2 unlimited an
   child(ren); to written records regarding their child(ren); and to myself and to the premises
   are in my care.

7. I (have) (have not) received all fees from the caretaker relative due to me as of this date

I certify that the statements made above are accurate and true to the best of my knowledge. I u
false information may result in the suspension or termination of payment by the Department of So

_____ _____

(Child care provider's signature) (Date)

----------(District use only)----------

Case # _____

Case Name _____

Client Name _____

_____ Initial Determination _____ Redetermination

Check one:

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_____ This individual is not an eligible child care provider and may not be authorized to recei

The caretaker relative has been referred to _____ for assistance l
care provider.

The applicant provider has been referred to _____ regarding fam
or group family day care licensing requirements.

The applicant provider and the caretaker relative have been notified of this determination via:

_____ Phone
_____ Letter
_____ Copy of this form

_____ _____

(Worker's Signature/Unit/Worker #) (Date)

ENROLLMENT OF CAREGIVER OF INFORMAL CHILD CARE
(IN CAREGIVER'S HOME)

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REGULATION.

1. Provider's Name:_____ Social Security Number:
(May be required only if

Address:_____
_____
_____

Phone:( )_____

2. List below the names of ALL the children (other than your own) for whom you are, or will be,
days and time in care, total hours per week they are in care, and the amount you charge for

CHILD'S NAME/AGE	DAY(S)IN CARE	TIME/HOURS EACH DAY	HOURS/WK.	$/WEEK	RELATIONSHIP T
Ex. John Dee 2 yrs	M, W, Th	8 AM - 11 AM (3 hrs)	9	$24.00	None

3. Circle YES or NO for each of the following statements.
   a. I am the grandparent, great grandparent, great great grandparent, aunt/uncle, great aun
      brother/sister, or first cousin of all the children named in #2.

   b. I provide care for no more than two children in my home (not counting my own children a
      not counting children who are over 14 years of age).

   c. I provide care for the child(ren) named in #2 for three hours or less per day.

   d. I provide care for 3 or more children. However, I never have more than 2 children in c
      at the same time for more than three hours.

4. I am 18 years of age or older.

If you answered NO to question #4, answer a, b, c, and d below by circling the correct response.
   a. I have valid working papers.

   b. I am age 14 or 15 and work no more than 3 hours per day up to a maximum of 18 hours per
      while school is in session. I do not provide care between the hours of 7:00 pm. and 7:

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information may lead to the suspension or termination of payments by the Department of Social Se

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(Child care provider's signature) (Date)

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Case Name _____

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_____ Initial Determination _____ Redetermination

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(Worker's Signature/Unit/Worker #) (Date)