



NOTICE OF ELIGIBILITY FOR CHILD CARE SERVICE AND FEE AGREEMENT

Name: _____ Case Number: _____

Eligibility Expiration Date: ___ / ___ / ___ Date of Notice: ___ / ___ / ___

NOTICE OF ELIGIBILITY

The Administration for Children's Services, Division of Early Care & Education has reviewed your application for publicly-funded child care service and has found that you are eligible. Unless your circumstances change, the eligibility will continue until the date indicated above.

CHILD CARE SERVICE AGREEMENT

As the _____ of _____

I request the Administration for Children's Services (ACS) to arrange for the day-time care of my child(ren) and, in consideration of such care, I agree to the following terms and conditions:

1. I understand that I (or my designated escort) am required to escort my child(ren) to and from the classroom or provider home at the regularly scheduled time. I agree to notify the program/provider by telephone and in writing of any change in the regular escort.
2. I understand that the hours of service will be reasonably related to my work and/or school/vocational training hours, as appropriate.

FEE AGREEMENT

1. I understand that the fee for child care services is based on my family size, gross income, the type of care received (full time or part time).
2. I understand that the fee is due each week, in advance, regardless of my child's attendance
3. I understand that child care services may be terminated if I do not pay the fee.
4. I understand that I will be notified in writing whenever my fee changes. Fees may change if a child enters or leaves care, if the type of care (full time or part time) changes, or as a result of my being recertified for care. The effective date of the fee, which appears on the written notice, will be the date of change in service. I understand that a new fee, associated with admission, is to be paid on the day a child is admitted to care. In all other cases, the new fee is due on the Monday following the effective date, however, if the effective date is Monday, the new fee is due on that day.
5. I agree to pay the fee listed below that applies to the day care provided to my child(ren):
\$ _____ at least one child full-time
\$ _____ all children part-time

It is continuing responsibility of the applicant or recipient of service to immediately report any changes in his/her needs, income, living arrangements, address or child care arrangements. Further, if you disagree with this decision of ACS, you may request a State Fair Hearing by telephoning (800) 342-3334; or by writing to: New York State Office of Administrative Hearings, Office of Temporary and Disability Assistance, P.O. Box 1930, Albany, New York, 12201-1930.

ACS Official: _____ Title: _____

Applicant's Signature: _____ Telephone No.: () _____ - _____ Date: ___ / ___ / ___