

## Child Care Application – Supplement A

Name: \_\_\_\_\_

Date: \_\_\_\_\_

On the following chart, please complete the days and times you work. If you are working a varying work schedule provide the total hours you work each week.

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Days	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Work Time							
Total Hrs.							

If you are attending school or training, please complete the following chart with the days and times you attend.

Name of school/training: \_\_\_\_\_ Address: \_\_\_\_\_

Days	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Class Time							
Total Hrs.							

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Provider Information (Please list all providers you use—a separate sheet may be used if needed)

***\*\*If more than one provider is selected, a written justification is REQUIRED for the need for multiple providers. NCDSS will make the determination whether the use of multiple providers will be granted.\*\****

Effective Date: \_\_\_\_\_

Child's Name/Names: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Days	Times Child is in Care	Total Hrs.
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Sat.		

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Effective Date: \_\_\_\_\_

Child's Name/Names: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Days	Times Child is in Care	Total Hrs.
Sun.		
Mon.		
Tues.		
Wed.		
Thurs.		
Fri.		
Sat.		



**NIAGARA COUNTY  
DEPARTMENT OF SOCIAL SERVICES**

P.O. Box 506  
Lockport, NY 14095-0506

Niagara Falls Office  
P.O. Box 865  
301 Tenth Street  
Niagara Falls, NY 14302-0865

*"We Help Families"*

**CHILD CARE CLIENT RIGHTS AND RESPONSIBILITIES**

At the time that you apply or recertify for child care services, Niagara County Department of Social Services is advising you:

- That you have the right to arrange child care with any regulated or informal child care provider that you select. The provider ***MUST be eligible for NCDSS to make payment.*** If you choose an informal provider they ***must apply and be approved*** through the Clearinghouse of Niagara to receive subsidy monies, and remain in compliance with regulations, in order for the agency to make payment on your behalf;
- That you may select a child care provider located in any county;
- That you may need to pay a co-payment for child care services to your provider as a condition of eligibility. You will be advised of the amount, when it must be paid, and where to pay it;
- About factors to consider in selecting a child care provider;
- What documents or other information you must submit in order for NCDSS to determine whether you are eligible for child care subsidy;
- That any investigation needed in order to determine eligibility will be undertaken;
- That you have the right to have child care services provided without discrimination on the basis of race, religion, national origin, sex, handicapping condition or political belief; and
- That you have the right to change child care providers for any reason.

IF YOU NEED MORE INFORMATION ABOUT ANY OF THE ABOVE, IT IS YOUR RESPONSIBILITY TO CONTACT YOUR SSW

**RESPONSIBILITIES**

If you are accepted for child care services you must:

- Notify your SSW immediately of any change in family income, household composition (i.e. birth of a child, etc.), living arrangements, employment, child care arrangements or other changes which may affect your continued eligibility;
- Complete and return to your SSW, a questionnaire that will be used to determine your continued eligibility – Child Care Application – Supplement A (found on the reverse side of this document);
- Pay any co-payment required by NCDSS; and
- Notify your SSW before changing child care providers to make sure the provider you have chosen is eligible to receive child care subsidy payments.

**BE SURE YOU HAVE READ AND COMPLETED THIS FORM IN ITS ENTIRETY. FAILURE TO MEET THESE RESPONSIBILITIES MAY RESULT IN THE TERMINATION OF YOUR CHILD CARE ASSISTANCE. PLEASE SIGN AND DATE BELOW.**

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

SSW: \_\_\_\_\_ Date: \_\_\_\_\_