| Vendor Name:   | MAIL TO: SC   | Child Care Council I       | PO Box 186. Fernd            | lale. N\ | Y <b>127</b> 3 | 34     | Sullivan  | Count | / Dept | of Health a | and Fa | amily Services |  |
|--|---|----------------------------|------------------------------|----------|----------------|--------|---|-------|--------|-------------|--------|----------------|--|
| Vendor MAILING Address  Street: City: State: Zip: Citier PYYSICAL Address:  Street: City: State: Zip: Street: City: State: Zip:  Vendor #: Child's Name: Co-Pay Paid? Yes  | MAIL TO: SC Child Care Council PO Box 186, Ferndale, NY 1273  Vendor Name:  |                            |                              |          |                |        | Sullivan County Dept. of Health and Family Services PO Box 231, Liberty, NY 12754 Rev: 2 20 |       |        |             |        |                |  |
| Street:   City:   State:   Zip:   Street:   City:   State:   Zip:   Child's Name:   Co-Pay Paid? Yes   |   |                            |                              |          |                | UBSIDY | Client Na   |       |        |             |        |                |  |
| Co-Pay Paid? Yes   |   |                            |                              |          |                |        |   |       |        |             |        |                |  |
| Co-Pay Paid? Yes   No   Child's Current Age:   Foster Care   | Vendor #: Child's Name:   |                            |                              |          |                |        | Child's DOB:  |       |        | 3:          |        |                |  |
| EXPIRATION DATE:   |   | Co-Pay Paid2 Vos No        |                              |          |                |        |   |       |        |             | •      |                |  |
| Date   Day of the Week   Begin Time   End Time   Notes   | ,   |                            |                              |          |                |        |   |       |        |             |        |                |  |
| (ex: sick day – snow day)    AM PM   |   |                            |                              |          |                |        |   |       |        |             | to thi |                |  |
| AM PM  | Date  | Day of the Week            | k Begin Time                 |          |                | 1      | End Tir   | me    |        |             |        |                |  |
| AM PM  | Date  | Day of the week            |                              |          |                |        | EIIU III  |       |        |             |        |                |  |
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| AM PM AM PM  Total  Client/Recipient: I the undersigned certify that the above listed goods and services were received by me on (dated) in a satisfactory manner and in serviceable condition.  Signature (BLUE INK ONLY):  Date:  Vendor Certification: I the undersigned, herby certify that the items shown above are correct and that the materials and services therein have actually been furnished or performed by me and that no part of the claim has been paid or satisfied and that there has been compliance with the Title VI of the Federal Civil Rights Act of 1964 in furnishing these supplies and services.  Authorized By:  Date:  Authorized By:  Date:   | 7 0 7   |                            |                              |          |                |        |   |       |        |             |        |                |  |
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