



SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Child Care Unit

JOHN R. LIDDLE
 COMMISSIONER

P.O. Box 231, 16 Community Lane
 Liberty, New York 12754
 845-292-0100

CHILD CARE DOCUMENT LIST
 LISTA DE DOCUMENTOS DE CUIDADO INFANTIL

Name of Document Nombre de Documento	Have Tener	Must obtain before appointment Debe obtener antes de la cita
Completed Child Care Application – Signed Aplicación de cuidado de niños Completa.- Firmado		
Pay Stubs for an 8 Week Period Comprobante de sueldo de un periodo de 8 semanas		
Proof of Any Other Income Prueba de cualquier otro ingreso		
Statement Regarding Child Support From Absent Parent Declaración referente a manutención de hijos de padre ausente		
Proof of Unemployment Benefits Prueba de los beneficios por desempleo		
Proof of Social Security Benefits Prueba de beneficios de Seguro Social		
Hours and Days of Employment Las horas y los días de empleo		
Application for Child Support Solicitud de manutención de los hijos		
Utility Bills Facturas de utilidad (electricidad, teléfono, agua, gas, etc...)		
-OR- -O-		
Proof of Residency Prueba de residencia		
Proof of Enrollment of Children in Educational Facilities La prueba de la inscripción de los niños , en centros educativos		
Provider Information Información del proveedor		

If not previously supplied, please provide copies of the following:
 Si no has suministrado previamente, proporcione copias de lo siguientes :

- Birth Certificates
Certificados de nacimiento
- Social Security Cards
Tarjetas de Seguro Social
- Photo I.D
Identificación fotográfica

CALL THE CHILD CARE COUNCIL AT 845-292-7166 EXT. 311 FOR AN APPOINTMENT
 LLAME AL CONSEJO CUIDADO DE NIÑOS A 845-292-7166 EXT. 311 PARA UNA CITA
 RECERTIFICATION CLIENTS DO NOT NEED A NEW INTERVIEW, JUST A TELEPHONE APPOINTMENT.
 CLIENTES RECERTIFICACIÓN NO NECESITAMOS UNA NUEVA ENTREVISTA, SOLO UNA CITA TELEFÓNICA.
 LEAVE A PHONE# WHERE YOU CAN BE REACHED IN THE DAYTIME.
 DEJAR UN TELEFONO DONDE SE LE PUEDA LOCALIZAR DURANTE EL DÍA.

Date(Fecha) _____ Time(Hora) _____



SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Child Care Unit

JOHN R. LIDDLE
COMMISSIONER

P.O. Box 231, 16 Community Lane
Liberty, New York 12754
845-292-0100

Child Care
Who, What, When and Where

Who do I call to find child care providers?

The Sullivan County Child Care Council Inc. at 845-292-7166. Let them know if you want formal, informal or day care arrangements. Relatives, friends, neighbors and your place of employment may be resources for child care providers. A flyer with tear-off telephone numbers posted in local grocery stores and newspapers advertising for child care may work for you.

What are the different types of child care providers?

Formal Day Care is a Certified Provider operating out of their home.

Informal Day Care is a Non-Certified Day Care Provider who operates out of their home.

Day Care Center is a Certified Day Care Provider who has employees and can work out of a home or central location.

- All providers must be approved by the Sullivan County Child Care Council
- Day Care Centers must be licensed by the State of New York

Where do I seek child care providers?

Look for providers that are either close to your home or to your place of employment.

When do I start looking for a child care provider?

You should start looking as soon as you know you will need a child care provider. If you have an infant you should look as soon as possible since there are restrictions on the number of children providers can watch at one time.

What do I do next?

Call the providers the Child Care Council referred you to. If they have room for your child/children, arrange with the provider to make a visit to the home/daycare center. You should bring your children with you. If the providers the Child Care Council referred you to do not have room or do not meet your expectations, call the Child Care Council for more names. You can call the Council as many times as necessary.



SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Child Care Unit

JOHN R. LIDDLE
COMMISSIONER

P.O. Box 231, 16 Community Lane
Liberty, New York 12754
845-292-0100

CERT CHECK LIST

The Federal Law has changed: It is important to know about the changes and it is necessary for you to provide information so that we can determine if any of the changes affect your case.

1. Any unmarried teen parent who is not in educational activities directed towards receiving a high school diploma or GED is not eligible for federal benefits. This is true unless the child of the teen parent is less than twelve weeks of age.

If you or an individual in your case answers YES to any of the following questions, that individual cannot receive federal benefits (ADC or CAP). You must answer each question and sign and date this page.

2. Have you or any member of your household been convicted of making fraudulent statements or representation of residence in order to receive public assistance in two or more states? Yes

No

3. Are you or any member of your household fleeing prosecution, confinement or conviction for a felony?

Yes No

4. Are you or any member of your household violating probation or parole?

Yes No

5. Have you or any member of your household been convicted of a drug related felony since August 22, 1996?

Yes No

6. Has any child in your household been absent or away from home for more than 45 consecutive days? Yes

No

If you answered YES to any of these questions, your worker will have to determine if good cause exists for the absence of the child.

It is important for you to tell your worker right away if a child in your case is temporarily absent from your home. If you do not, you and the child may become ineligible for federal benefits.

Clients' Signature _____ Date _____



SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Child Care Unit

JOHN R. LITTLE
COMMISSIONER

P.O. Box 231, 16 Community Lane
Liberty, New York 12754
845-292-0100

HOUSEHOLD MEMBERS STATEMENT

You and your spouse/paramour must complete this portion:

I; _____, am employed

at _____

located at _____

I work _____ (#) of hours per week. My workdays and hours are:

Sunday	_____ to _____
Monday	_____ to _____
Tuesday	_____ to _____
Wednesday	_____ to _____
Thursday	_____ to _____
Friday	_____ to _____
Saturday	_____ to _____

Copies of my last four weeks' pay stubs are attached. _____ (please initial)

My primary childcare provider is _____

My back-up childcare provider is _____

(Sullivan County Child Care Council can assist you in finding childcare providers if needed. Call: 845-292-7166)

I agree to advise the Sullivan County Department Of Social Services Child Care Unit immediately if there is a change in:

- Wages
- Work Schedule
- Childcare Providers
- People in my home (moving in or moving out, including any births or deaths)

Date _____

SIGNATURE



SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Child Care Unit

JOHN R. LIDDLE
COMMISSIONER

P.O. Box 231, 16 Community Lane
Liberty, New York 12754
845-292-0100

INFORMATION ABOUT PARENTS, SPOUSES OR EX-SPOUSES NOT LIVING IN THE HOUSEHOLD

Applicant Name: _____

Non-Custodial Parent/Spouse/Ex-Spouse Information:

Name: _____ D.O.B.: _____

Parent of: _____

Spouse of: _____

Address (if known): _____

Social Security Number (if known) : _____

The information above is true and complete to the best of my knowledge.

Signature

Date



SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Child Care Unit

JOHN R. LIDDLE
COMMISSIONER

P.O. Box 231, 16 Community Lane
Liberty, New York 12754
845-292-0100

NOTIFICATION OF CHANGE OF AGREEMENT

I, _____, understand that as a recipient of the Child Care Benefit I am required to notify the office above of any/all changes regarding the following:

- Change of Child Care provider.
- Change of residence
- Change of income (from any source)
- Change of household composition
- Change of employment
- Lost employment
- Change of work hours (even if it is only 30 minutes)
- Change of schedule for educational / training courses

I further understand that the Child Care Benefits is for the period of time I work and reasonable travel time to the work site from the Child Care Provider and back. No benefits are paid outside of my work hours and/or college/training hours.

Failure to report these changes immediately will adversely affect my eligibility for the Child Care Benefit. By jeopardizing the benefit I could be responsible for 100% of the Child Care cost.

Date _____

Signature



SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Child Care Unit

JOHN R. LIDDLE
COMMISSIONER

P.O. Box 231, 16 Community Lane
Liberty, New York 12754
845-292-0100

Child Care Provider

My Child Care provider is _____ and my

Substitute provider is _____.

Attached is my class schedule.

Travel Time

Job location: _____

How long does it take to travel from your provider to your job? _____

How many miles between your provider and your job? _____

Provider location: _____

How long does it take to travel from your job to your provider? _____

How many miles between your job and your provider? _____

If you use different providers for your children, please provide travel information from the last drop-off to the first pick-up.



SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Child Care Unit

JOHN R. LIDDLE
COMMISSIONER

P.O. Box 231, 16 Community Lane
Liberty, New York 12754
845-292-0100

RESPONSIBILITY OF PAYMENT

The Child Care Benefit Can Only Be Paid To A Provider Who Has Been Approved By
The Sullivan County Child Care Council

If You Chose To Have An Individual As Your Provider Who Is Not Approved They Must Apply To
The Sullivan County Child Care Council
APPROVAL MAY TAKE UP TO 30 DAYS

Applications To Be A Provider Can Be Picked Up At
The Sullivan County Child Care Council
You May Also Request An Application Be Mailed To You By Calling
The Sullivan County Child Care Council At 845-292-7166

IF YOU ENGAGE AN UNAPPROVED INDIVIDUAL TO PROVIDE DAY CARE
YOU WILL BE RESPONSIBLE FOR FULL PAYMENT TO THE INDIVIDUAL
UNTIL SUCH TIME THE INDIVIDUAL IS APPROVED BY
The Sullivan County Child Care Council

For A List Of Approved Providers In Your Area Contact
The Sullivan County Child Care Council
845-292-7166 Mon. – Fri. 8:30am - 4:30pm

My Child Care Provider Is: _____

My Substitute Provider Is: _____

If You Use Different Providers For Your Children, Please Provide The Information Child Specific



SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Child Care Unit

JOHN R. LIDDLE
 COMMISSIONER

P.O. Box 231, 16 Community Lane
 Liberty, New York 12754
 845-292-0100

STATEMENT OF CHILD SUPPORT

I, _____

receive child support payments for my child / children:

Childs' Name	Absent Parent Name	Amount Paid	Frequency

Check one of the following:

Payments are current

Payments are NOT current

I do not receive child support payments for my child / children:

Childs' Name	Absent Parent Name	Date of Last Payment

I attest all statements are true and give the Department of Social Services consent to verify all the above statements. I know it is my responsibility to notify my worker of any and all changes within ten days.

Signature: _____ Date: _____

Spouse / Partner Signature: _____ Date: _____



SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Child Care Unit

JOHN R. LIDDLE
 COMMISSIONER

P.O. Box 231, 16 Community Lane
 Liberty, New York 12754
 845-292-0100

WORK SCHEDULE

I, _____

am employed at: _____

My work schedule is:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
My Work Hours							

Attached are 4 current, consecutive pay stubs. _____

Your Spouse / Partner Must Complete This Work Schedule

I, _____

am employed at: _____

My work schedule is:

	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
My Work Hours							

Attached are 4 current, consecutive pay stubs. _____

If you are attending high school we must have a copy of the school schedule before we can authorize Child Care while you are attending school.



SULLIVAN COUNTY DEPARTMENT OF SOCIAL SERVICES
Child Care Unit

JOHN R. LIDDLE
COMMISSIONER

P.O. Box 231, 16 Community Lane
Liberty, New York 12754
845-292-0100

LDSS-4647 (Rev. 7/99)

Important Information About Child Care

New York State

If you are receiving Temporary Assistance and *need child care* in order to participate in work activities, please read this notice. It will tell you about your rights and responsibilities and about how to locate a child care provider.

Your Rights

Your *cash assistance cannot be reduced or ended* because you are not participating in work activities *if* the reason you are not participating is because *you don't have appropriate, accessible, affordable and suitable child care.*

You have the *right to receive information* about how to locate a child care provider. This information could be provided in a number of ways.

- Your worker can give you the name and telephone number of a Child Care Resource and Referral Program or other similar program which can help you find a child care provider; or
- Your worker can give you a list with the name, address and telephone numbers of child care providers.

You have the *right to choose* the child care provider for your child. This could be a provider who is licensed or registered or it could be a relative, a friend of the family or a trusted neighbor.

If you are unable to find a child care provider on your own, your worker must provide you with *two choices* of child care providers. At least one of these choices must be a child care provider who is licensed or registered with the State of New York or with New York City Department of Health.

You have the *right to be excused from your work activity* if you have a child under 13 years of age and you are unable to find a child care provider that is *appropriate, accessible, affordable and suitable.* However, the time you are excused from your work activity will still count toward your 60 month limits of federally funded and cash Temporary Assistance.

- *Appropriate* means the provider is open for the hours and days needed for you to participate in your work activity, and is willing to care for your child(ren) including any special needs your child has.
- *Accessible* means that you are able to get to the provider by driving your own car or by public transportation and the provider is located within a *reasonable distance* for your community.
- *Unsuitable* means the physical or mental condition of the provider or the physical condition of the home would be detrimental to the health or safety of your child(ren).

- *Affordable* means you have enough money to pay your share of the child care cost, if you are required to pay a share of the costs.

You have the *right to request a fair hearing to appeal the decision to reduce or end your Temporary Assistance* if you feel your worker made the wrong decision regarding your refusal to comply with your work activities due to a lack of child care.

Your Responsibilities

It is your responsibility to *look for and choose* a child care provider.

If you are unable to find a child care provider, *you must do the following.*

1. *Let your worker know* what you have done to find a provider and *ask for help* in finding a provider.
2. *Follow up on all referrals* you are given by your worker or other programs that are helping you locate a provider. This means *you must contact or visit all providers that you are referred to* until you are able to choose a provider that is appropriate, accessible, suitable and affordable.
3. If you have contacted all providers and are still not able to choose any of these providers, *you must let your worker know in writing which providers you contacted and when and why you did not choose any of these providers.* Your reasons must include one of the following.
 - The provider was not open for the days or hours needed or could not care for your child's special needs.
 - You were unable to get to the provider by car or public transportation.
 - The provider was not located within a reasonable distance from your home or work activity. Each social services district has a different meaning of 'reasonable distance'. The district must tell you what reasonable distance means in your district.
 - Friends, relatives or neighbors you considered or contacted were unsuitable.
4. If you show that you are unable to locate a provider, your worker *must offer you a choice of two providers.* At least one of these choices must be a child care provider who is licensed or registered with the State of New York or New York City Department of Health. You must choose one of these providers or show why they are not appropriate, accessible, affordable or suitable.
5. You must continue to look for a child care provider and follow up on all referrals during the time you are excused from your work activity.
6. If you cannot show that you were unable to locate a provider and that the two choices of providers offered to you were not appropriate, accessible, affordable or suitable, then your Temporary Assistance cash grant will be reduced if you fail to participate in your work activity.

I have read and understand the above information.

Client's Name _____ Date _____