

**DEPARTMENT OF SOCIAL SERVICES
DAY CARE UNIT
6 JUDSON STREET
CANTON, NY 13617
PHONE: (315) 379-2285
FAX: (315) 379-2319**

In order for your day care services case to be complete, I will need to know who your provider will be. This provider must be a Registered, Licensed or Enrolled provider through the St. Lawrence Child Care Council.

Please contact Shana at 315-393-6474 to set up your provider.

CASE NAME: _____

LIST THE PROVIDERS YOU PLAN TO USE:

(Use additional sheets if necessary)

• Provider Name: _____

Provider Address: _____

Estimated number of hours per week: _____

Is care provided in *your* home? YES/NO

Is reimbursement going directly to your provider? * YES/NO

***IF CARE IS PROVIDED IN YOUR HOME, PAYMENT *MUST* BE MADE DIRECTLY TO YOU, AS THE CLIENT.**

• Provider Name: _____

Provider Address: _____

Estimated number of hours per week: _____

Is care provided in *your* home? YES/NO

Is reimbursement going directly to your provider? * YES/NO

***IF CARE IS PROVIDED IN YOUR HOME, PAYMENT *MUST* BE MADE DIRECTLY TO YOU, AS THE CLIENT.**

PLEASE NOTIFY THE ST. LAWRENCE CHILD CARE COUNCIL OF ANY CHANGES IN YOUR PROVIDER. THIS IS NOT A COMMITMENT TO USE THE PROVIDER(S) LISTED ABOVE. YOU ALWAYS HAVE THE RIGHT TO CHOOSE YOUR PROVIDER.