

**St. Lawrence County  
Department of Social Services  
Chris Rediehs  
Commissioner  
6 Judson Street  
Canton, New York 13617-1196  
Phone 315-379-2111**

**Memorandum**

Effective immediately, the Day Care Unit is requiring a DAY CARE RELEASE AUTHORIZATION form to be signed by all Day Care Subsidy recipients. The intent of this form is to allow us to release information to the provider of services regarding payments issued. Please fill in your name, sign and date the form and return to this address. If you have any questions you can contact the Day Care Unit at 379-2285.

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Department of Social Services  
Day Care Unit  
6 Judson Street  
Canton, New York 13617

**DAY CARE RELEASE AUTHORIZATION**

I hereby give the St. Lawrence County Department of Social Services permission to release information regarding reimbursement requests, payments issued and fee changes to my provider. The provider will be as listed on the Reimbursement Request Form confirmed by the Day Care System. The information given to each provider will be limited to those time periods that they provided services.

**CLIENT NAME** \_\_\_\_\_

**SIGNATURE OF CLIENT** \_\_\_\_\_

**DATED** \_\_\_\_\_

**REMINDER: Parent/Caregiver is responsible for payment of Provider fees**