

St. Lawrence County
Department of Social Services
Child Care Unit
6 Judson Street
Canton, New York 13617-1196
Phone 315-379-2285
Fax 315-379-2392

Dear Child Care Applicant,

Please find enclosed an application packet for Child Care Services. This information is required for an original application for benefits or for recertification of an existing case.

The application packet contains some or all of the following sections:

1. **INSTRUCTIONS AND CHECKLIST.** Please use this checklist to ensure that you have met all requirements for the application to a timely decision of your eligibility.
2. **ACCESSING APPLICANT/RECIPIENT INFORMATIONAL BOOKS.** Informational document regarding accessing Books 1-3.
3. **APPLICATION FOR CHILD CARE SERVICES.** Including the following documents:
 - a. Notice to Parents/Guardians of Children Receiving Child Care Services
 - b. Occupancy Statement
 - c. Absent Parent Information Form
 - d. Day Care Release Authorization
4. **CHILD CARE MARKET RATES FOR ST. LAWRENCE COUNTY.** Reimbursement is limited to the current market rates.
5. **POVERTY LEVEL FIGURES.** You will be required to submit copies of your last 4 pay stubs to verify income level. If pay varies, you may be required to send in additional verification. If you are self-employed, we will need a copy of your books for the past three months.
6. **INSTRUCTIONS FOR ENROLLING LEGALLY-EXEMPT PROVIDERS.** If your childcare provider cares for one or two children, that individual can enroll as a legally-exempt provider. All providers are encouraged to become a registered family day care provider. Please contact the St. Lawrence Child Care Council for additional information. Enrollment forms must be completed by both you and your provider.

All child care providers must be enrolled with the St. Lawrence Child Care Council for you to be eligible for day care benefits.
7. **ENROLLMENT INFORMATION PACKET FOR LEGALLY-EXEMPT PROVIDERS.** Information packet for you to provide to your child care provider.
8. **CRIMINAL BACKGROUND INFORMATION.** Additional forms needed if your child care provider or someone in their home has been convicted of a crime.

If you have any questions concerning the application form or approval status, please contact the Child Care Unit at 315-379-2285. Questions concerning the enrollment process for child care providers can be directed to the St. Lawrence Child Care Council at 315-393-6474.

****Payments may only begin after your application is approved and when your provider is enrolled.**

Only complete applications are considered.

WE MUST DENY ANY APPLICATION THAT IS NOT COMPLETE AFTER 30 DAYS!

ACCESSING APPLICANT/RECIPIENT INFORMATIONAL BOOKS

If you are blind or seriously visually impaired and need this form or the three informational books in an alternative format (large print, audio, data CD, or Braille) contact your social services district. Large print, audio and data files are also available for download at <http://otda.ny.gov/> under "Forms". If you require another accommodation, please contact your local social services district office.

This form and the three informational books are offered in multiple languages and are available online at <http://otda.ny.gov/> under "Forms". To view the books follow the link provided, click "Forms" and scroll down until you see the titles of the books. The book titles are listed below.

You may also pick up printed books at your local District Offices or have them mailed to you at any time upon request.

Book 1: What You Should Know About Your Rights and Responsibilities (LDSS-4148A)

This book informs you about your rights and responsibilities when applying for and receiving benefits.

Book 2: What You Should Know About Social Services Programs (LDSS-4148B)

This book gives information about the different programs available - such as Temporary Assistance (TA), Supplemental Nutrition Assistance Program (SNAP) as well as Medical Assistance (MA) (which includes Medicaid, Family Health Plus, and Family Planning Benefit Program). It also provides information on other services including child care, foster care, child welfare, adoption and other available programs.

Book 3: What You Should Know If You Have an Emergency (LDSS-4148C)

This book tells you what to do in case you have an emergency - such as needing immediate help with shelter, food, utility, fuel expenses, or medical attention.

You are entitled to information about your rights and responsibilities as an applicant or recipient of services and benefit programs.

The valuable information in these books can help you in applying for and receiving benefits. It is very important that you read these books and understand the information. If you have any questions after reading the books, or need help accessing the information, you may contact your district office for assistance.

Hearing impaired callers can use the New York State Relay service by dialing 711 or
TTY phone numbers of 1-800-421-1220 or 1-800-662-1220

ST. LAWRENCE COUNTY DEPARTMENT OF SOCIAL SERVICES
APPLICATION FOR CHILD CARE SERVICES: INSTRUCTIONS AND CHECKLIST

Dear Applicant:

Enclosed please find an application and accompanying required documents for child care assistance through St. Lawrence County Department of Social Services. This information is required for an original application and also for recertification of an existing case. To ensure a timely decision, please be sure to fully complete the application packet and include all supporting documentation. Below is a checklist to use to ensure that you have met all application requirements:

APPLICATION:

- **Section 1:** Enter name, address, phone number and mailing address if different from residential address.
- **Section 2:** Complete to the best of your ability for **ALL** household members, regardless of their relation.
- **Section 3:** Other household information relating to the applicant and any other adult household member with whom you have at least one child in common.
- **Section 4:** List children in need of child care whose parent (s) is not in the home.
- **Section 5:** Complete this section with the applicant's employment information.
- **Section 6:** Complete this section with additional employment information for either applicant or other legally responsible household member. (Use additional sheets if necessary)
- **Section 7:** Include **ALL** income received in the household.
- **Section 8:** Travel time between the address of the place of care and the address of the activity. (employment, educational, or other approved activity)
- **Section 9:** Complete this section relating to the Child Care Provider.
- **Section 10:** List all children enrolled in school. (include School Name, Address and Attendance Hours)
- **Section 11:** Please this section as it contains important information about your rights and responsibilities.
- **Section 12:** Sign and date the application. Second Applicant's Signature is required in a two-parent household. (Your signature confirms the understanding of Section 11 and the submitted information on the application is correct)

ACCOMPANYING DOCUMENTS:

- **Day Care Release Authorization:** Gives your consent for us to share information with your provider regarding reimbursement requests, payments issued and fee changes.
- **Notice to Parents/Guardians of Children Receiving Child Care Services:**
 - By signing you agree to and understand the rules regarding child care services and will keep the Department of Social Services informed of information pertinent to your case. **Both** parents must sign if living in the same household.
- **Occupancy Statement:** Acts as verification of your residency in St. Lawrence County. Must be completed by a non-relative whom is not a member of your household.
- **Absent Parent Information Form:** This form is needed to verify child support and custody/visitation for any children in the home.

REQUIRED VERIFICATION:

- **Income:**
 - **Wages:** Include a minimum of 4 weeks of most recent paystubs (can provide 3 months if pay varies) or a letter from your employer with an original signature indicating the start date, rate of pay and hours worked.
 - **Social Security:** Send proof of SSI or SSA payments (the most recent letter received from Social Security is ideal verification).

- **Child Support/Alimony Payments:** Send a copy of a court order or a signed statement from yourself and preferably former spouse/companion, if available. If you aren't receiving child support, please indicate on the supplied form included in the application.
- **Unemployment Insurance Benefits:** Send a print-out from the Department of Labor website with your most recent payments.
- **Citizenship/Alien Status:** This does not need to be verified if the child(ren) you are applying for have received or are currently receiving any services through the St. Lawrence County of Social Services.
 - **Citizenship (US Citizen):** Send a copy of the child (ren)'s birth certificate and social security card.
 - OR**
 - **Alien Status (Non-US Citizen):** Send a copy of the child (ren)'s visa, passport or any document verifying legal alien status.
- **Additional Required Information:** Examiners may require additional documents for ambiguous information.

RETURN COMPLETED APPLICATIONS TO:

St. Lawrence County DSS
ATTN: Child Care Unit
6 Judson St.
Canton, NY 13617

For any questions concerning the application, please contact Megan Sharpe or Meggan Anson at (315) 379-2285.

IMPORTANT NOTES REGARDING CHILD CARE SERVICES:

1. The start date for reimbursement depends on the date which your application is received and date stamped at the Day Care Unit or at the Child Care Council, whichever date is later.
2. The department has 30 days from the date the application is received and date stamped to process the application. If you have not provided all required documentation within this time frame, your application will be denied. If you are unable to obtain the information within the time frame given, it is your responsibility to contact the unit.
3. If your chosen provider is not registered/enrolled with the St. Lawrence Child Care Council, there will be no reimbursement from the agency for the care they provide. If your provider needs to become enrolled, or if you have any questions relating to the enrollment of a provider, please contact the Child Care Council at (315) 393-6474. **You and your provider** are responsible for ensuring that your provider is registered/enrolled.
4. Eligibility for Child Care Services is based on programmatic and financial eligibility. The current poverty levels, which financial eligibility is based upon, are enclosed in this package. Programmatic eligibility is based on your case type, but generally each parent/guardian in the household needs to be working, attending college/training/school or be engaged in an activity required by the Temporary Assistance Unit. Additional information regarding current poverty levels, market rates and day care regulations can be found at: www.ocfs.ny.gov.
5. Publications LDSS-4148A, LDSS-4148B, and LDSS-4148C (commonly referred to as Books 1,2 &3) are required to be provided to any individual seeking services. These booklets provide important information pertaining to your rights and responsibilities, important questions and answers, and what you should know if you have an emergency.
6. Any questions relating to the application, approval, or payment should be directed to the Child Care Unit. 315-379-2285
Any questions relating to enrollment of the provider should be directed to the Child Care Council. 315-393-6474

Child Care Subsidy Program

<u>Family Size</u>	<u>Income Guideline (300% FPL)</u>
1	\$43,740
2	\$59,160
3	\$74,580
4	\$90,000
5	\$105,420
6	\$120,840
7	\$136,260
8	\$151,680

For each additional household member add \$15,420.00 to the income level.

Effective as of 06/01/2023

Who counts in the household for Eligibility?

- | | |
|---------------------------------|---|
| *Spouses | *Foster children/non-parent guardianship |
| *Adults with children in Common | * Siblings of foster children/non-parent guardianship |
| *Children and step-children | |

Child Care Providers Eligible for Subsidized Payments

- Licensed and registered day cares: providers whom are already established
- Legally-exempt providers: providers whom are enrolled with St. Lawrence Child Care Council for the purpose of providing care specifically for a child participating with subsidy.
 - These providers can be a person of your choosing who meets the enrollment requirement

CHILD CARE MARKET RATES FOR ST. LAWRENCE COUNTY

Please note that these are the maximum rates for each program and each child. The amount to be paid by Social Services will vary based on the amount of Day Care provided to your child(ren) each day. The client may be responsible for a family share that is indicated on the approval notice.

If the Child Care provider charges more than the approved Social Services rate, the difference between the provider's rate and the Social Services' rate is the responsibility of the parent. The actual amount paid by Social Services will be the amount the provider charges, minus the parent's fee amount and any days and times when the Child Care Service is provided during their approved activity (please note: Child Care providers are eligible to bill and be reimbursed for absent, sick, & certain Holidays per our district policy if the child would have been normally been in attendance. Please also note that for any contract between parent and the child care provider which includes payments for absences that are not covered are the responsibility of the parent, NOT Social Services. Full Time is defined as 30 or more hours per week of Child Care. Part Time is defined as less than 30 hours of child care per week. Any care that is provided during non-traditional hours will automatically be eligible for a 10 percent increase per subsidy regulations.

A. DAY CARE CENTER		Under 1 ½	1 ½ - 2	3 - 5	6 - 12
i. weekly		\$ 295.00	\$ 275.00	\$ 253.00	\$ 245.00
ii. daily		\$ 64.00	\$ 59.00	\$ 55.00	\$ 55.00
iii. part-day		\$ 43.00	\$ 39.00	\$ 37.00	\$ 37.00
B. REGISTERED FAMILY DAY CARE & GROUP FAMILY DAY CARE		Under 2	2	3 - 5	6 - 12
i. weekly		\$ 266.00	\$ 252.00	\$ 250.00	\$ 225.00
ii. daily		\$ 55.00	\$ 53.00	\$ 50.00	\$ 50.00
iii. part-day		\$ 37.00	\$ 35.00	\$ 33.00	\$ 33.00
C. SCHOOL AGE CHILD CARE		Under 1 ½	1 ½ - 2	3 - 5	6 - 12
i. weekly		\$ 0.00	\$ 0.00	\$ 253.00	\$ 245.00
ii. daily		\$ 0.00	\$ 0.00	\$ 55.00	\$ 55.00
iii. part-day		\$ 0.00	\$ 0.00	\$ 37.00	\$ 37.00
D. LEGALLY EXEMPT GROUP FAMILY DAY CARE		Under 2	2	3 - 5	6 - 12
i. weekly		\$ 0.00	\$ 0.00	\$ 190.00	\$ 184.00
ii. daily		\$ 0.00	\$ 0.00	\$ 41.00	\$ 41.00
iii. part-day		\$ 0.00	\$ 0.00	\$ 28.00	\$ 28.00
E. INFORMAL CHILD CARE- STANDARD RATE		Under 2	2	3 - 5	6 - 12
i. weekly		\$ 173.00	\$ 164.00	\$ 163.00	\$ 146.00
ii. daily		\$ 36.00	\$ 34.00	\$ 33.00	\$ 33.00
iii. part-day		\$ 24.00	\$ 23.00	\$ 21.00	\$ 21.00
F. INFORMAL CHILD CARE- ENHANCED RATE		Under 2	2	3 - 5	6 - 12
i. weekly		\$ 186.00	\$ 176.00	\$ 175.00	\$ 158.00
ii. daily		\$ 39.00	\$ 37.00	\$ 35.00	\$ 35.00
iii. part-day		\$ 26.00	\$ 25.00	\$ 23.00	\$ 23.00

NOTICE TO PARENTS/GUARDIANS OF CHILDREN RECEIVING CHILD CARE SERVICES

For standard cases, parents/guardians who are employed, in vocational training, attending high school or actively seeking employment may be eligible for child care services, but only for the hours necessary for them to work, attend training, go to school or job search. When child care is needed for any other reason, it is the parent/guardian's responsibility to pay for the care. Misuse of child care funds can be grounds for the Department of Social Services to discontinue your child care services case, to seek repayment of child care funds issued based on false/incorrect information and other penalties against you including program sanctions and criminal charges.

For protective cases, verification of the activity the guardian(s) is engaged in during the time of care is not required. The need for child care for the purpose of the child(ren)'s protection is verified with the Children's Services department.

Parents/guardians are responsible for **IMMEDIATELY** reporting any changes in financial circumstances and employment for standard cases, as well as, household composition, living arrangements or other circumstances that effect eligibility for all cases. To report changes, you can phone (315) 379-2285 or send changes in writing, mailed to: Department of Social Services, ATTN: Day Care Unit, 6 Judson Street, Canton, NY 13617.

All parents/guardians are responsible for providing accurate, complete and current information regarding income, household composition and any other relevant information related to eligibility for child care services. This includes reporting any changes in the provider or the location of care. It is the responsibility of the parent/guardians to provide verification that is requested for initial and ongoing eligibility determination. Failure to do so can result in the denial/discontinuance of your case.

Your signature at the bottom of this section indicates that you understand the information in this notice regarding your responsibilities as the parent/guardian of a child in receipt of child care services and agree to keep the Department of Social Services informed of facts pertinent to the child care case. **Both parents/guardians MUST sign for two parent/guardian households.**

(signature)

(signature)

(date)

**ST. LAWRENCE COUNTY
DEPARTMENT OF SOCIAL SERVICES
DAYCARE UNIT
6 JUDSON STREET
CANTON, NY 13617**

OCCUPANCY STATEMENT

**THIS FORM MUST BE COMPLETED BY A NON-RELATIVE AND NOT
RESIDING IN SAME HOUSEHOLD.**

I hereby certify the following people live at:

Address: _____

List all individuals living in household:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I am not a relative of the above.

Print Name

Signature

Street/road/box

City/town

Phone number

Date

St. Lawrence County Department of Social Services
Child Care Unit
Absent Parent Information Form

Note: Complete ONLY if there is a parent who is NOT in the household. Fill out a separate form for each parent that is absent from the household.

Applicant/Recipient Name: _____ **Case #** _____

Absent Parent's Full Name: _____

Absent Parent's Date of Birth: _____ **Social Security #** _____ **Phone #**(____) _____

Absent Parent's Address: _____

Name (s) of Absent Parent's Child(ren):

Does the absent parent have visitation with the child(ren)?

No, state why not: _____

Yes, Specify when: _____

When was the last time absent parent had contact with child(ren): _____

Does the absent parent pay child support?

No, state why not: _____

Yes, complete the following:

Voluntary?

By Court Order (attach a copy of the court order)

Total Support Amount:

\$_____ **Frequency:** **Weekly** **Biweekly** **Monthly**

Other, Specify: _____

Support towards Child Care (if specified in court order):

\$_____ **Frequency:** **Weekly** **Biweekly** **Monthly**

Other, Specify: _____

NOTE: If the child's second parent or other legally responsible caretaker resides outside the child's household, the St. Lawrence County Department of Social Services is required to assess the availability of the absent parent/caretaker to provide child care services for the child(ren), taking into account any court ordered or court sanctioned custody arrangements and the best interest IMPORTANT of the child and custodial parent,

If the absent parent/caretaker resides in close proximity to the child and the absent parent/caretaker's work or other approved activity schedule indicates availability, and there are no circumstances that would make the absent parent/caretaker inappropriate, the absent parent/caretaker is considered to be available to provide supervision during those periods when the custodial parent is working or engaged in an approved activity.

Is the absent parent available to provide care for the child(ren)?

Yes, when: _____

No, state why not: _____

If the absent parent is NOT available to provide child care, you must submit documentation supporting your statement such as:

*Custody Order

*Visitation Agreement

*Out of County/State residency

*Documentation of Disability

*Verification of Incarceration

*Relevant domestic violence doc.

*Absent Parent's work or approved activity schedule (days/hours) verified by employer

ATTESTATION TO ACCURACY OF INFORMATION/LACK OF INFORMATION IF APPLICABLE

I swear and affirm that the information I have provided herein is true and complete to the best of my knowledge.

I swear and affirm that, although I have attempted to the best of my ability to find, I do not know the following information about the absent parent because: _____

(state the reason above and check the applicable boxes below)

Full Name Address Phone Number Social Security Number

Date of Birth Employment information including schedule

Other, specify : _____

By signing this form, I swear and affirm that my statements herein are true and complete. I understand that Federal and State laws provide for penalties, imprisonment or both if I do not tell the truth about my child(ren)'s absent parent when I apply for or receive benefits or services from the Department of Social Services. Penalties also apply if I conceal or fail to disclose facts about the absent parent.

Signed: _____ Date: _____

(Applicant/Recipient Signature)

St. Lawrence County
Department of Social Services
Day Care Unit
6 Judson Street
Canton, New York 13617-1196
Phone 315-379-2285

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 the number above.

St. Lawrence County
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

