

Terms and Conditions for ACS Child Care Payments

Return by Email: DFS.VPCS@acs.nyc.gov OR

Return by USPS Mail: YMS

PO Box 968

Peck Slip Station

New York, NY 10272-0968

Return By Fax: 212-313-3115 (provider must call to advise when fax is sent)

Dear Child Care Provider:

YMS Management Associates, INC. (YMS) has been informed by the City of New York Administration for Children's Services (ACS) that you are enrolled as a child care provider in the Agency's childcare system. YMS assists ACS by serving under a city contract as the childcare payment agent.

Your organization will become entitled to a childcare payment, once ACS has processed monthly childcare attendance information and you have completed the enclosed forms (W9, Terms and Conditions). You will also be required to choose a payment method of either direct deposit or payment card. The appropriate forms are enclosed.

Childcare payment will be issued by YMS. Errors, underpayments, and overpayments will be corrected by YMS upon instructions we receive from ACS. Neither this letter nor this payment arrangement will make you or your organization an employee, contractor, or subcontractor of YMS or ACS.

YMS' only responsibilities to childcare providers are the payment responsibilities described in this letter. The Agency's childcare program's local policies and procedures are developed, issued and enforced by ACS. YMS is not authorized to make any changes or exceptions. YMS cannot respond to questions, suggestions, or complaints involving the agency's childcare program. Letters and all other correspondence and communications involving policies and procedures or questions, suggestions and complaints should be submitted directly to ACS.

Please indicate your understanding of this letter, by signing and dating below. You may make a photocopy of the form for your files. Please return the original completed forms to ACS at the above address. If you have any questions, you can call the ACS Call Center at 212-835-7610, listen to the prompts, and press #.

Before you can be paid you must complete this Terms and Conditions form, enclose the IRS W-9, and choose a payment method by completing the appropriate form. Please mail documentation to the address listed above.

In addition, the blank forms can be downloaded from the childcare payment portal at www.childcarepaymentportal.com.

ANY CHILDCARE PROVIDER WHO KNOWINGLY COMMITS FRAUD AND/OR FALSIFIES ANY DOCUMENTS RELATED TO THIS PROGRAM WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

Provider ID number _____ SSN/EIN _____

Last name (print) _____ First name (print) _____

Address _____

Date signed _____ Signature _____