



Request for Enrollment of Child with Provider

All unlicensed, legally-exempt in-home and family, legally exempt group, and informal providers must complete this form and also complete the **OCFS-LDSS-4699** or the **OCFS-LDSS-4700** form.

ATTENTION

- Licensed/Registered providers are not required to complete the **OCFS-LDSS-4699** or the **OCFS-LDSS-4700**. They should complete pages 1 through 3 of this form and then return the form to the parent/legal guardian. Regulated providers without an Automated Child Care Information System (ACCIS) number must also submit a copy of their license along with the completed **CS-274W**.

Parent/Caretaker's Name:		CA Case Number:
Address:		
Telephone:	Social Security Number <i>(Optional, See Below)</i> : ¹	ACCIS Case Number:
A parent is serving full-time in the U.S. Military. <input type="checkbox"/> YES <input type="checkbox"/> NO	A parent is a member of a National Guard or Military Reserve unit. <input type="checkbox"/> YES <input type="checkbox"/> NO	
¹ The parent/caretaker may, but does not have to, list their Social Security number. You cannot be required to disclose your Social Security number as a condition of eligibility for child care services. If provided, your Social Security number will be used to assist in identifying your child care file. It may also be used by Federal, State and local agencies to prevent duplication of services and fraud, and for Federal reporting.		

(Turn page)

Unlicensed/Informal Provider's Name: ² <hr/> ACCIS Provider Number <i>(if available)</i> : <hr/> Provider's Social Security Number/EIN/TIN: <hr/> Certificate Expiration Date: <hr/>	Provider's/Program's Name: <hr/> License Number: <hr/> License Type: <hr/> Expiration Date: <hr/>		
Telephone: <hr/>	Date of Birth: <hr/>		
Provider's/Program's E-Mail Address: <hr/>			
Address Where Care is Given: <hr/>			
Provider's/Program's Address (if different): <hr/>			
² Legally-responsible relatives (parents, stepparents, and legal guardians) cannot be paid as child care providers for their own child(ren).			

Provider Rate (All providers, except ACS-contracted programs, must complete this section.)
My weekly child care rates are as follows:

Provider Rate Indicate the rate charged for each age level	INFANT Under 18 months	TODDLER 18 months – under 3 years	PRESCHOOL 3 years – under 6 years	SCHOOL AGE 6 – 12 years
Full time (30 hours or more per week)				
Part time (15 – 29 hours per week)				
Hourly (1 – 14 hours per week but less than 3 hours per day)				

(Turn page)

Provider Rate(continued)

Special Needs Provider Rate Indicate the rate charged for each age level	INFANT Under 18 months	TODDLER 18 months – under 3 years	PRESCHOOL 3 years – under 6 years	SCHOOL AGE 6 – 12 years	SPECIAL NEEDS 13 – 19 years
Full time (30 hours or more per week)					
Part time (15 – 29 hours per week)					
Hourly (1 – 14 hours per week but less than 3 hours per day)					

Indicate the weekly schedule(s) of child care services being requested for the child(ren) listed below:

Child's Name	Child's Name		Child's Name		Child's Name	
Date of Birth	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Date Care Began	MONTH	DAY	YEAR	MONTH	DAY	YEAR
Weekly Schedule	From	To	From	To	From	To
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Office Use Only	Total Hours per Week		Total Hours per Week		Total Hours per Week	

(Turn page)

- ☐ I acknowledge that receiving payment from the City of New York for child care services provided does not make me an employee of the City of New York. I am an employee of the parent/legal guardian of the child for whom I provide care.

Provider Certification

I am enrolling this child in a child care program. I understand that I will be paid only after the child's attendance data is received by ACS and for so long as the above parent/guardian's Cash Assistance case remains active and the parent is engaged in an FIA-approved activity or employed. If the parent/guardian fails to meet these criteria, I will be sent a letter from ACS informing me that ACS will no longer pay for child care. I agree that the amount I am charging this parent is not more than the amount I charge for other children of the same age. **I understand that I cannot be paid if I do not list all my rates.**

I will allow the parent/guardian of the child(ren) named on this form unlimited access to their child(ren) and the premises and will remain available whenever the children are in my care. I certify that the statements above are accurate and true to the best of my knowledge. I understand that providing false information may lead to the suspension or termination of payments and the recovery of any payments to which I was not entitled.

Provider's Name (print clearly)

Official title (if applicable)

Signature

Date

(Turn page)

Parent/Guardian Certification

I certify that I have reviewed the above request for child care information and that it is correct. I understand I must report any changes immediately to HRA.

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Do you have a medical or mental health condition or disability? Does this condition make it hard for you to understand this notice or to do what this notice is asking? Does this condition make it hard for you to get other services at HRA? **We can help you.** Call us at 718-557-1399. You can also ask for help when you visit an HRA office. You have a right to ask for this kind of help under the law.

For Agency Use Only:

Is child care authorized for this applicant/participant?

☐ YES

☐ NO

Agency-approved start date for child care: _____