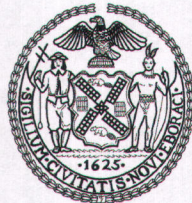


SPECIAL PAYMENTS DETAIL SHEETS

Standard
Camp Fees
Child Care Outside of NYC
College Room and Board
Transportation

ACS Fiscal Manual – Child Welfare – Foster Care Section



Michael R. Bloomberg, Mayor
John B. Mattingly, Commissioner

ACS Payment Services - Special Payments Detail Sheet

STANDARD*

	Provider Agency			Fiscal Year		Date	
	Child's Name (Last name, First Name)	CIN #	Date of Birth	Type of Service	Date of Service From	To	Amount (\$)
1							
2							
3							
4							
5							
6							
7							
8							
9							

Updated July 1, 2011

*This form may be used for various service types. Like service types must be grouped and subtotaled.

ACS Payment Services - Special Payments Detail Sheet

CAMP FEES

Provider Agency		Fiscal Year		Date			
	Child's Name (Last Name, First Name)	CIN #	Date of Birth	Residential or Day Camp	Date of Service		Amount (\$)
					From	To	
1							
2							
3							
4							
5							
6							
7							
8							
9							

Updated July 1, 2011

ACS Payment Services - Special Payments Detail Sheet

CHILD CARE OUTSIDE OF NYC**

Provider Agency		Fiscal Year		Date		Child Care Provider Name, Address City & State	License Number	Date of Service		Rate	Amount (\$)
								From	To		
1											
2											
3											
4											
5											
6											
7											
8											
9											

Updated July 1, 2011

**See Special Payments Bulletin for Supporting Documentation requirements.

ACS Payment Services - Special Payments Detail Sheet

COLLEGE ROOM and BOARD*

	Provider Agency				Fiscal Year			Date		Amount (\$)
	Child's Name (Last Name, First Name)	CIN #	Date of Birth	Days Billed	Semester / Year	Date of Service				
						From	To			
1										
2										
3										
4										
5										
6										
7										
8										

Updated July 1, 2011

*See Special Payments Bulletin for Supporting Documentation Requirements

ACS Payment Services - Special Payments Detail Sheet

TRANSPORTATION*

Provider Agency		Fiscal Year				Date			
		Date of Travel		Destination		One way Distance-Miles	Relationship to Person Visited	Purpose of Visit	Amount (\$)
Child's Name (Last Name, First Name)	CIN #	Date of Birth	From	To	From				
1									
2									
3									
4									
5									
6									
7									
8									

Updated July 1, 2011 *Out of state travel requires pre-approval by Case Management. See 7/01/2011 Special Payments Bulletin for details