10/1/14

Client Reimbursement

Chris Rediehs
Commissioner
Phone 315-379-2285

St. Lawrence County Department of Social Services

Weekly Informal Day Care Statement

6 Judson Street
Canton, New York
13617-1196

Client Name: _____ ***Case Number:*** _____

Provider Name: _____

Reason Day Care was Required: _____

Explanation of Charges

In the Spaces Provided Below, Show the Total Number of Hours Day Care Was Provided on ***Each Day*** for ***Each Child*** ***during the week and also the time frame during which the Day Care was required. Parent's work schedule and total hours worked must also be recorded in the spaces provided.***

NOTE: If childcare is needed for a school-age child, please indicate whether it was a snow day, sick child, etc.

Documentation Requirements

An original, signed Weekly Schedule or a record of time punches covering the period of requested reimbursement must be provided. These documents must be provided for each member of the Family Unit that is working and their hours must be recorded in the spaces below. **Failure to provide the required documentation will delay or prevent payment of this request.**

For the Week of Monday __/__/__ Through Sunday __/__/__.

****REIMBURSEMENT MUST BE SUBMITTED WITHIN 45 DAYS OF SERVICE****

Total Amount Billed to the Client for these services was $_____.

If an Absence is being claimed, please circle the time frame and hours of the absence and the reason.

Name of the Child		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
	Time Frame							
	Total Hours							
	Time Frame							
	Total Hours							
	Time Frame							
	Total Hours							
	Time Frame							
	Total Hours							
Mother's Schedule	Time Frame							
	Total Hours							
Father's Schedule	Time Frame							
	Total Hours							

Client Certification

I certify that Day Care Services were provided on the specified dates by the herein named Day Care Provider as outlined in the above table. I further certify that these day care services were required due to employment, job seeking, education/training or illness/ incapacitation. I understand that this statement of Day Care Services may be reconciled with actual work or training schedules and any overpayment will be recouped from future day care payments. I hereby authorize the St. Lawrence County to make payment directly to the above named provider for the services provided as detailed above. I understand that any false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law

Signed: _____

Dated: _____

Provider Certification

I certify that Day Care Services were provided on the specified dates to the herein named client as outlined in the above table. I further certify that I have been registered or certified by the St. Lawrence County Department of Social Services as a Legal Day Care Provider. I understand that any payments made for these day care services will be subject to reconciliation with actual work or training schedules of the named client. If it is determined that an overpayment has been made, the amount of the overpayment will be recouped from a future payment for the client and that it is the client's sole responsibility to pay the provider for services rendered which were not approved for payment by the Department of Social Services. I understand that any false statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

Signed: _____

Dated: _____