

CHILD CARE RESOURCES

*See attached information for possible child care options and instructions on how to apply.

Head Start- Child care for children, ages 0-5

Website: www.abcinfo.org/head-start/

Applications are accepted online

Eligibility:

- Are currently receiving TANF, SSI, or SNAP benefits
- Have a household income equal to or below the federal poverty guideline (limited space available for over-families)
- Are currently homeless
- Child is in foster care

Items needed when applying:

- Child's birth certificate (or other official document verifying the child's birth date)
- Child's up-to-date immunization records, physical exam (including lead and hematocrit), and dental exam
- Proof of income (pay stubs, DHS budget sheet, Form 1040 tax return, 6 months of unemployment with W-2 or SSI statements)

CHILDCARE INFORMATION for Case Workers and Clients:

- DHS will pay for childcare expenses for opened TA (Temporary Assistance) cases.
 - DHS will ONLY pay for childcare expenses if their client is WORKING, not attending school. If the case is a two-parent household and only one of the parents begin work, then childcare assistance will be denied as the other parent is expected to care for the child.
 - The client is responsible for finding a childcare provider.
 - The childcare provider needs to be enrolled with the WNYCC in order to be paid by DHS.
 - Just FYI: WNYCC will authorize external family members of the client (or random people who want to provide childcare) to become "informal providers" (like an aunt, grandma, family friend, etc.). After receiving the authorization from WNYCC to become an informal provider, this person can begin receiving payment from DHS (after the client submits the childcare statement to DHS).
 - Attached is a childcare statement from DHS and a vendor number request form. The vendor number request form would be for someone to provide childcare themselves and be paid via DHS. Understand that if someone wants to be a certified site for childcare services but does not own the dwelling they live in, then the landlord would need to approve client using their home to provide daycare services.
 - WNYCC can also provide a list of childcare providers that are authorized through this agency. **The referral phone number is 585-654-4720.** They have been very helpful in the past.
 - Generally, ask for WNYCC to run a search on a childcare provider that is bi-lingual OR speaks the same language, provides transportation (which may be helpful for clients that do not have a car), and accepts DHS payment. If there are none that speak the client's language, then you may need to help the client by making phone calls on their behalf and even visiting the childcare provider with your client, to see if the provider would be a good fit (because I know from personal experience, childcare providers are not always a good fit for the children).
- Per DHS, the client is responsible for finding a suitable childcare provider (authorized by WNYCC), completing a childcare statement w/ the childcare provider, and submitting the childcare statement back to DHS.**

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Child Care Statement

*This is not an application for Child Care Assistance

Date: _____

To be completed by the child's Parent or Caretaker

Parent/Caretaker Name: _____ Case Number: _____

Address: _____ Zip Code: _____

Phone Number: _____ Social Security Number (not required, see below): _____

Reason for Care: Job School Other: _____ ** In-home Vendor Number: _____

To be completed by Provider

Provider Name: _____ Site Provider OCFS# _____

Care Site Address: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ Date of Birth: _____

Site Vendor Number*: _____ ***If NO Vendor Number, request a Vendor Request Form from DHS Caseworker or DHS Examiner or by calling (585) 753-6663.**

I am on Temporary Assistance, Medical Assistance or SNAP: No Yes If yes, my Case # is: _____

I have been found guilty of welfare fraud: No Yes If yes, what County? _____

Is money still owed related? No Yes

What type of care if being provided? Check one:

Day Care Center Registered Family Day Care (ATTACH COPY OF CURRENT LICENSE)

School Age Program Group Family Home (ATTACH COPY OF CURRENT LICENSE)

Legally Exempt Group Informal Care

Are you accredited? No Yes – List accreditation number (NAFDC or NAEYC): _____

Informal Provider must complete the following: CHECK ONE BOX ONLY

1. **I provide care in the child's home.** I understand that I am entitled to receive minimum wage and may be entitled to other employee benefits. I understand that the person who hired me (the child's parent/caretaker) is my employer and payments from DHS will be issued under the parent's In-home vendor number.** The child's parent or caretaker is responsible for the difference between minimum wage and the amount the Department of Human Services can pay for child care. Provider and Parent/Caretaker MUST also complete and submit the *Agreement for Legally Exempt In-Home Child Care*.

2. **I provide care in my own home and (check whichever box applies):**

a. grandparent, great-grandparent, great-great grandparent, aunt/uncle, great-aunt/uncle, brother/sister, or first cousin of all children in care.

b. I provide care for no more than two (2) children (not counting my own & not counting children who are 13 years of age or older).

c. I provide care for three (3) or more children. However, I never have more than two (2) children in care at the same time for more than three (3) hours a day.

3. **I provide care other than choices #1 and #2 above.** Explain: _____

***Legally Exempt Group Providers must complete the following. Check whichever applies to your program:**

This is a nursery school, pre-kindergarten or day care program for children three years of age or older or a program for school-age children conducted during non-school hours, operated by a public-school district which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the NYS Education Law. The program is located on the same premises or campus where the elementary or secondary school is provided.

This is a nursery school, pre-kindergarten or day care program for children three years of age or older or a program for school-age children conducted during non-school hours, operated by a private school or academy which is providing elementary for secondary education or both in accordance with the compulsory education requirements of the NYS Education Law. The program is located on the same premises or campus where the elementary or secondary school is provided.

This program is a nursery school or program that is voluntarily registered with the NYS Education Department and operates in accordance with Part 125 of its regulations. **Attach a copy of your registration.**

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This program is a nursery school or program for preschool-age children, operated by a non-profit agency or organization or a private proprietary agency which is not voluntarily registered with NYS Education Department and which provides services to children for three or less hours per day.

The program is a summer day camp operated in accordance with Subpart 7 -2 of the State Sanitary Code and holds a valid permit from the Department of Health. **MUST HAVE A CURRENT DOH PERMIT TO OPERATE A SUMMER DAY CAMP.**

This program is a family day care center, family day care home or other child care program located on federal or tribal property and operated in compliance with applicable federal or tribal laws and regulations.

None of the above statements describe this program. If this is your answer, you may need to be licensed. Until you are licensed or provide documentation that you are legally exempt from licensing, MCDHS cannot pay you to provide child care. For information about licensing, contact the Bureau of Early Childhood Services at 1-800-732-5207.

For the following questions, **CHECK** the answer which applies to you:

1. I **(allow)** **(do not allow)** the parents or legal caretakers of the children listed on the front side of this form unlimited and on demand access to their children, to written records regarding their children, and to the premises and myself whenever their children are in care.

2. I **(have)** **(have not)** received all fees from the parents or legal caretakers which are due me as of this date.

To be completed by Parent or Caretaker and Provider together:

List Start Date: _____

Who will be in care? List the names and dates of birth of all the children the provider is watching (other than provider's own children). Attach an additional page if needed.

Child's Name	Date of Birth	Relationship to Provider
Who should be contacted in an emergency?	Phone where parent/caretaker can be reached:	
	Name of emergency contact person:	
	Phone of emergency contact person:	

When is care needed? For each child, write the EXACT hours that he/she is in your care; i.e. 6:00 a.m. – 7:30 a.m., 2:30 p.m. – 5:00 p.m. How much does the provider charge? Indicate the rate the provider is charging for each child in care.

Child's Name:	*Amount \$												Per	<input type="checkbox"/> hours	<input type="checkbox"/> day	<input type="checkbox"/> week
	Mon <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Tue <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Wed <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Thurs <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Fri <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Sat <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Sun <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.									
Drop off time																
Pick up time																

Child's Name:	*Amount \$												Per	<input type="checkbox"/> hours	<input type="checkbox"/> day	<input type="checkbox"/> week
	Mon <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Tue <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Wed <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Thurs <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Fri <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Sat <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Sun <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.									
Drop off time																
Pick up time																

Child's Name:	*Amount \$												Per	<input type="checkbox"/> hours	<input type="checkbox"/> day	<input type="checkbox"/> week
	Mon <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Tue <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Wed <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Thurs <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Fri <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Sat <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Sun <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.									
Drop off time																
Pick up time																

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Child's Name:													*Amount \$				Per	<input type="checkbox"/> hours	<input type="checkbox"/> day	<input type="checkbox"/> week
	Mon <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Tue <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Wed <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Thurs <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Fri <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Sat <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Sun <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.							
Drop off time																				
Pick up time																				

Child's Name:													*Amount \$				Per	<input type="checkbox"/> hours	<input type="checkbox"/> day	<input type="checkbox"/> week
	Mon <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Tue <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Wed <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Thurs <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Fri <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Sat <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Sun <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.							
Drop off time																				
Pick up time																				

Child's Name:													*Amount \$				Per	<input type="checkbox"/> hours	<input type="checkbox"/> day	<input type="checkbox"/> week
	Mon <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Tue <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Wed <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Thurs <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Fri <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Sat <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		Sun <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.							
Drop off time																				
Pick up time																				

*NOTE: By signing this form, the provider attests that the amount charged for listed children does not EXCEED the amount charged for other children of the same age.

Who will provide meals and snacks? Check the box that fits your situation.
 The provider The parent/caretaker Other

What else does the provider need to know? Use this space to describe anything special about the child that the provider needs to know. This might include infant feeding schedules, allergies, health problems, likes and dislikes, special needs or disabilities, etc.

I understand that representatives of the Department of Human Services and the State of New York may visit my child care program to confirm that the information on my enrollment form and/or attendance is true and accurate and that child care services are being provided as listed on those forms. I agree to allow representatives of the Department of Human Services and the State of New York access to all areas where child care is provided for a child receiving a child care subsidy. I understand that if I do not allow such access, then I will be considered an ineligible provider. The Department of Human Services will not make payments for any child care service I provide while I am deemed an ineligible provider by the Department of Human Services.

I understand that the provider is not an employee of the Monroe County Department of Human Services. I further understand that child care payments that he/she receives directly or indirectly for providing child care will not make him/her an employee of Monroe County.

I will notify the Department of Human Services immediately if the hours of care change, if any child is absent for three (3) consecutive days without explanation, or if a decision is made by either the parent/caretaker or provider to end child care. Except in an emergency, the parent/caretaker agrees to give the provider at least one-week notice if he/she will be stopping child care. The provider agrees to give the parent/caretaker one-week notice if he/she must stop providing care.

I agree to provide accurate attendance records as required by and in accordance with the instructions of the Department of Human Services.

Parent/Caretaker AND Provider must sign	
I certify that to the best of our knowledge and belief all statements made on this form are accurate and true. I understand that providing false information may result in the termination of payments and legal action by the Department of Human Services.	
X	
Provider Signature	Date
X	
Parent/Caretaker Signature	Date

Give your child a **HEAD START!**



You might be eligible for free, high-quality preschool and early education for your child!

Head Start is a federally funded program that provides free services to support **preschool and early learning and development, health, and well-being** for families that meet certain criteria and have children from birth to age 5, as well as individuals who are pregnant. Your Head Start program may offer additional services beyond those listed below.

What is Provided?



How do I Sign Up?

Check if you qualify and find a Head Start center near you by scanning the QR code to the right or by going to <https://eclkc.ohs.acf.hhs.gov/center-locator>.

Head Start prioritizes services for families with lower incomes, children with special needs, families experiencing homelessness or engaged in the foster care system, families receiving public assistance, and other families depending on circumstances and availability.

You can also call 1-866-763-6481 (toll-free) from 8 AM – 6 PM ET Monday through Friday or email HeadStart@eclkc.info with any questions.



Head Start / Early Head Start Program Recruitment Application

Section: 1

Child's Name: _____ **Birth date:** _____ **Gender:** _____

Race:
 Asian American Indian/Alaska Native Hispanic English Proficient Other Language
 Black Hawaiian/Pacific Islander Yes None Poor
 White Multi-Racial No Little Moderate Moderate
 Other _____ Proficient Proficient

Primary Parent/Guardian: _____ **Birth Date:** _____ **Gender:** _____

Race:
 Asian American Indian/Alaska Native Hispanic English Proficient Other Language
 Black Hawaiian/Pacific Islander Yes None Poor
 White Multi-Racial No Little Moderate Moderate
 Other _____ Proficient Proficient

Highest Grade Completed: Non-Graduate _____ HS/Equivalent 2 or 4 year Degree Advanced Degree

Living Address: _____

Date started living at Address: _____ **Mailing address same as living address:** Yes No **Center Desired:** _____

Tel: _____ **Email Address:** _____

List secondary parent/guardian and all others living in the household supported by and related to the parents/guardian by blood, marriage, or adoption.	Birthday	Gender	Relationship

Additional information (Check all that apply)		(*) Qualify for Full-Day Services	
Attended Early Head Start		Family needing TASC/GED	
*Homeless family		*Working or in school full-time	
*Child is in foster care		Teen parent	
TANF / SNAP Recipient		Child over/under weight	
SSI Recipient		Current or former HS or EHS family	
Four years old Child		Working or in school part-time	
Child is three years old		Dual Language Learners (Parent or Child)	
Dislocated Family due to Natural Disaster /Terrorist Attack /Refugee		Child lives with relative not the parent	
Child has diagnosed disability		Northeast Quadrant (05,09,10,17,21)	
Child with high lead levels @ 5 or above		Single parent household Plus one point per child	
* Child protective case		Two parent household Plus one point per child	
*Parent is diagnosed with or enrolled in a verified mental health, drug, alcohol program		-----	
*Child lives with a parent/guardian with a diagnosed disability or terminal illness		-----	

How did you find out about Head Start/ Early Head Start?

Current/Former Parent _____ Community Event _____ Flyer _____ Radio _____ School District _____ Other _____

Application completed by: _____ Date: _____



HOUSING QUESTIONNAIRE

Name of LEA:	Rochester City School District		
Name of School:	RCSD PreK		
Name of Student:			
Gender:	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth: Grade: PreK	Student ID#:
Address, Apt# City, State, Zip		Home Phone	
		Cell Phone	
Previous Address City, State, Zip			

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check <u>one</u> box.)	
<input type="radio"/>	In a Shelter
<input type="radio"/>	With Extended Family or Other Person because of loss of housing or as a result of economic hardship, sometimes referred to as "Doubled-Up"
<input type="radio"/>	In a Hotel/Motel
<input type="radio"/>	In a Car, Park, Bus, Train, or Campsite
<input type="radio"/>	In Foster Care
<input type="radio"/>	Other Temporary Living Situation (Please describe)
<input type="radio"/>	In Permanent Housing
<input type="radio"/>	Unaccompanied Youth

Parent/Guardian Name

Signature

Date

Electronic Submission. Please call 585-262-8140 if you need assistance.

If **ANY** box other than "In Permanent Housing" is checked, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. **After** the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

- Determining the average gross pay:**
- Weekly (week 1) \$100.00 + (week 2) 200.00 + (week 3) \$300.00 + (week 4) \$400.00 = \$1000.00 / 4 = \$250.00 average gross pay
 - Bi-weekly (1st stub) \$100.00 + (2nd stub) 200.00 = \$300.00 / 2 = \$150.00 average gross pay
 - Twice a month (Pay 1) \$50.00 + (Pay 2) 400.00 = \$450.00 / 2 = \$225.00 average gross pay

Pay Schedule	Calculation		Date(s) of Pay / Year
<input type="checkbox"/> Weekly	Average gross pay	x 52 weeks =	Annual income
<input type="checkbox"/> Bi-Weekly	Average gross pay	x 26 weeks =	Annual income
<input type="checkbox"/> Twice a Month	Average gross pay	x 24 months =	Annual income
<input type="checkbox"/> Monthly	Monthly gross pay	x 12 months =	Annual income
<input type="checkbox"/> FA Notice of Decision	Total Income	x 12 months =	Annual Income
<input type="checkbox"/> Annual Salary			Annual Income from 1040

5. Check the applicable category of eligibility for this enrollee: *(Check only one box)*

Categorical: Foster Care Homeless

Public Assistance: TANF (BA) / SNAP (FA) SSI

Income: Equal to or below the Federal Poverty Guidelines Over Income

6. I certify that the age and income information provided is true to the best of my knowledge. I understand that if I intentionally provide or attempt to provide false information that I or my child may no longer be eligible for enrollment in Action for a Better Community's Head Start or Early Head Start Program.

Parent / Guardian: _____ Date certified: _____

7. I certify that this applicant is not my family member or a known family member of a HS management level staff person, and I have made reasonable efforts to verify the child's age and the family's income information. And, I understand that if I intentionally enroll a family known to be ineligible, verifies the income of a family member, or the program will take immediate action up to and including termination.

Staff Trained in Eligibility: _____ Date: _____

Staff Trained in Eligibility: _____ Date: _____

Management Staff Trained in Eligibility: _____ Date: _____

Administrative Use Only:

Over income Accepted Vice President of ECS Signature: _____ Date: _____

