

Group and Family Day Care Home

Return Forms To:
 Attn: Accounting Department
 Seneca County Division of Human Services
 P.O. Box 690
 Waterloo, New York 13165-0690

Day Care Provider Name: _____

Address: _____

Parent Name: _____

Address: _____

Child: _____

Week #1 Weekly Fee \$ _____
 Court ordered amt. \$ _____
 Subtract Parent Fee \$ _____
 Total Due From DHS \$ _____

Week #2 Weekly Fee \$ _____
 Court ordered amt. \$ _____
 Subtract Parent Fee \$ _____
 Total Due From DHS \$ _____

| | Date of Service | Weekly Rate \$ _____ | Daily Rate | Part Day Rate | Hourly Rate | Hours of Care | | Total No. of Hours in Care |
|-------|-----------------|-------------------------|------------|---------------|-------------|---------------|-----|----------------------------|
| | | | | | | Beginning | End | |
| Mon. | | | | | | | | |
| Tues. | | | | | | | | |
| Wed. | | | | | | | | |
| Thur. | | | | | | | | |
| Fri. | | | | | | | | |
| Sat. | | | | | | | | |
| Sun. | | | | | | | | |

Week #1 Total \$ _____

Week #2 Total \$ _____

Total Due From DHS
 This Page \$ _____

Total Due From DHS
 From All Pages \$ _____

| | Date of Service | Weekly Rate \$ _____ | Daily Rate | Part Day Rate | Hourly Rate | Hours of Care | | Total No. of Hours in Care |
|-------|-----------------|-------------------------|------------|---------------|-------------|---------------|-----|----------------------------|
| | | | | | | Beginning | End | |
| Mon. | | | | | | | | |
| Tues. | | | | | | | | |
| Wed. | | | | | | | | |
| Thur. | | | | | | | | |
| Fri. | | | | | | | | |
| Sat. | | | | | | | | |
| Sun. | | | | | | | | |

 Provider's Signature Date

 Parent's Signature Date

 DHS Worker's Signature Date

Please:

- *Use a separate form for each child.
- *Parent Fee is to be deducted from the child spending the most time in daycare each week – please be consistent.
- *Billing forms submitted without the parent's signature will be returned.
- * See reverse side for explanation of weekly/daily/part day/hourly determinations

CHECK FOR ACCURACY-INCOMPLETE / INACCURATE BILLS WILL BE RETURNED, CAUSING A DELAY IN PAYMENT FOR SERVICES RENDERED