

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