

# Suffolk County Department of Social Services

## Request for Child Care Services Payment Rates

**All areas of this form must be completed, including ALL rates for ALL age groups.**  
**INCOMPLETE FORMS WILL BE RETURNED.**

Provider Name: \_\_\_\_\_

Vendor ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security or

\_\_\_\_\_

Federal Identification # \_\_\_\_\_

Phone Number \_\_\_\_\_

**Please check one:**

- I care for both Social Services subsidized children and non-subsidized children. **Note:** Documentation in the form of a published, dated rate schedule **or** copies of actual billing statements for your general public client must be included with your submission.
- I care for only Social Services subsidized children. **Note:** Documentation demonstrating an increase in actual costs over the past twelve-month (12) period must be included. Increases in costs related to employees' salaries and benefits, occupancy, insurance, equipment, supplies, and food must be directly attributable to and solely related to the cost of operating the Child Care program.

I charge the general public for child care services on the following basis: (please check one) Weekly  Daily

**The rates below are effective (date):** \_\_\_\_\_

<u>Age of Child</u>	<u>Weekly Rates</u>	<u>Daily Rates</u>	<u>Part-Day Rates</u>	<u>Hourly Rates</u>
Under 1 ½ years	\$	\$	\$	\$
1 ½ to 2 years	\$	\$	\$	\$
3 to 5 years	\$	\$	\$	\$
6 to 12 years	\$	\$	\$	\$

**Notes:**

1. Weekly rates apply when care is provided for 30 or more hours in five or fewer days in a week unless you normally charge the general public on a daily basis. The week begins on Monday and ends on Sunday. If you normally charge daily, and care for a child for 30 hours or more in five days or less, your payment will be calculated as 1/5 of the weekly rate times the number of days the child is in care, unless your daily rate is less than 1/5 of the weekly rate.
2. Daily rates apply when care is provided for 6 or more hours per day and the total amount of care in five days is less than 30 hours. Or if care is provided for a 6<sup>th</sup> or 7<sup>th</sup> day in a week after 30 hours of care were provided in the previous five days.
3. Part-Day rates apply when care is provided for at least 3 hours but less than 6 hours per day and weekly rates do not apply.
4. The hourly rate applies when care is provided for less than 3 hours per day and weekly rates do not apply.

**Statement:** I do hereby certify that the information provided is accurate, and that the rates charged for services provided to Social Services subsidized children **DO NOT EXCEED THE LOWEST** rates charged for services provided to privately placed children who receive equal care.

Provider/Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to: Suffolk County Department of Social Services  
 Attention: Child Care Unit  
 P.O. Box 18100  
 Hauppauge, New York 11788-8900