

**ENROLLMENT OF CAREGIVER OF INFORMAL CHILD CARE OR LEGALLY-EXEMPT**

PAYMENTS CAN BE APPROVED ONLY AFTER REVIEW OF THIS FORM INDICATES THAT YOU ARE PROVIDING CHILD CARE UNDER STATE REGULATION. THIS FORM MUST BE COMPLETED BY THE CHILD CARE PROVIDER AND RETURNED TO THE DEPARTMENT OF CHILDREN AND FAMILIES.

**I. TO BE COMPLETED BY CLIENT:**

CLIENT'S NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

**II. TO BE COMPLETED BY PERSON/ORGANIZATION PROVIDING CHILD CARE:** (Use a separate form for each child.)

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 (May be required only if DSS will pay you directly.)

**III. PLEASE PROVIDE THE INFORMATION REQUESTED BELOW FOR ALL CHILDREN IN YOUR CARE, OTHER THAN CHILDREN IN YOUR OWN HOME. Use additional pages if needed. Group programs may attach a roster and fee schedule to this form.**

CHILD'S NAME	DATE OF BIRTH	DAY OF THE WEEK	TIME IN CARE	TOTAL HOURS/WEEK
Ex. Joey Mann	11/12/92	M, T, W, Th, F	7 AM - 4:30 PM	47-1/2

**INDIVIDUALS PROVIDING CARE IN THEIR OWN HOMES OR THE CHILD'S HOME: COMPLETE SECTION IV**  
**GROUP PROGRAMS THAT ARE LEGALLY-EXEMPT FROM REGULATION: COMPLETE SECTION V ON THE REVERSE SIDE OF THIS FORM.**

**IV. I CERTIFY THAT ALL STATEMENTS MADE ON THIS FORM ARE ACCURATE AND TRUE. I UNDERSTAND THAT THIS FORM MAY RESULT IN THE TERMINATION OF PAYMENTS AND LEGAL ACTION BY THE DEPARTMENT OF CHILDREN AND FAMILIES OF THE STATE OF CALIFORNIA, AND ON DEMAND ACCESS TO THEIR CHILDREN, AND TO MYSELF AND THE PREMISES WHENEVER THEIR CHILDREN ARE IN CARE.**

SIGNATURE OF PROVIDER: \_\_\_\_\_ DATE: \_\_\_\_\_

SECTION V: INFORMAL CAREGIVER

Check all the statements and answers that apply to you.

\_\_\_1. I PROVIDE CARE IN THE CHILD'S HOME. I understand that if I provide care for more than 4 hours a day and more than 4 days per week, I am entitled to receive minimum wage and other applicable employee benefits. I understand that the person who hired me is responsible for the difference between minimum wage and the amount the county department of social services can pay.

\_\_\_2. I PROVIDE CARE IN MY OWN HOME and:

- [ ] a) I am the grandparent, great-grandparent, great-great-grandparent, aunt/uncle, great aunt/great uncle, brother/sister or first cousin of all the children in care.
- [ ] b) I provide care for no more than two children (not counting my own and not counting children who are over 14 years of age).
- [ ] c) I provide care for 3 or more children. However, I never have more than 2 children in care at the same time for more than three hours.

\_\_\_3. I AM UNDER 18 YEARS OF AGE and:

- [ ] a) I have working papers. Attach a copy.
- [ ] b) I do not provide care when I am supposed to be in school.
- [ ] c) I am 14 or 15 years old and I work no more than 3 hours per day and no more than 18 hours per week while school is in session and I do not provide care between the hours of 7:00 PM and 7:00 AM.
- [ ] d) I am 16 or 17 years old and I work no more than 4 hours per day and no more than 28 hours per week while school is in session and I do not provide care between the hours of 10:00 PM and 6:00 AM.

\_\_\_4. I am on Public Assistance. Case #: \_\_\_\_\_

SECTION VI: CAREGIVER

Check the sta

\_\_\_1. This program is day care program for operated by a public or academy which is education or both in education requirements located on the same or secondary educat

\_\_\_2. This program : conducted during no school or academy w education or both in education requirements located on the same or secondary educat

\_\_\_3. This program : preschool-aged child organization or a p services to childre

\_\_\_4. This program : accordance with Subj Attach a copy of your penn to operate a summer day c

\_\_\_5. This program : home or other child tribal property and federal or tribal la

\_\_\_6. None of the al If this is your ans you are licensed or legally-exempt from social services can information about l

New York State Bureau c 1-800-732-