

COUNTY OF ULSTER

DEPARTMENT OF SOCIAL SERVICES

1061 DEVELOPMENT COURT
KINGSTON, NEW YORK 12401-1959

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DSS FAMILY SHARE AGREEMENT

I agree to the following: I _____ agree to pay _____ (Parent) (Provider) The family share per week for my day care services. Effective the authorization date of my application, recertification, or changes to my case.

_____ If I miss 2 consecutive weeks of paying my family share, the day care services provided for my children will be terminated by the Agency immediately. I will be responsible for the full cost of daycare for my children from the date of termination. If I have any changes in providers, my family share must be current with my present provider, before any additional childcare will be authorized.

_____ I agree to inform the daycare subsidy unit of any changes in provider before they occur.

_____ I have been informed by the Ulster County Department of Social Services Day Care Unit of my rights as a parent to select and use any legal day care provider.

_____ I agree to pay my family share amount on a weekly basis unless other scheduled payment arrangements have been made with my provider. I understand that the Department of Social Services cannot authorize a different payment schedule.

Parent Signature: _____ Date: _____

Parent Name-Printed: _____

Ulster County Day Care Unit