

# COUNTY OF ULSTER

## DEPARTMENT OF SOCIAL SERVICES

1091 DEVELOPMENT COURT  
KINGSTON, NEW YORK 12401-1959

Jen Metzger, County Executive

**Michael A. Iapoce, Esq., Commissioner**  
Cynthia N. Beisel, Deputy Commissioner  
Rita Wood, Deputy Commissioner



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Maria Ruffner, **Daycare Supervisor**  
(845) 334-5316 (845) 334-5192 Fax

### 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