

COUNTY OF ULSTER

DEPARTMENT OF SOCIAL SERVICES

1091 DEVELOPMENT COURT
KINGSTON, NEW YORK 12401-1091

Patrick K. Ryan County Executive

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



miap@co.ulster.ny.us
cbei@co.ulster.ny.us
rwo@co.ulster.ny.us

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

PROVIDER VERIFICATION FORM

The **Provider Verification Form** should be completed by the parent and submitted to the U.C.D.S.S. Day Care Unit. This form must be completed for every provider that you use. You will find an additional form on the reverse side of this page. If you need additional forms, contact the Day Care Subsidy Unit at 334-5489.

Parent Information:

Parent's name: _____ Telephone: _____

Provider Information:

Provider's name: _____ Telephone: _____

Mailing Address: _____

Address of Care: _____

Date provider will start providing care _____

Friend Relative Legally Exempt Licensed/Registered Daycare Center

Hours of care:

Include each child's name and the hours of care needed. Before and after school hours should be included. Also include travel time from provider to place of employment.

****Please note: The hours that you fill in are not necessarily the hours that will be authorized to your provider!! Travel time will be determined according to the distance between the provider's home and your place of employment.**

Child's Name	Days of Care	Before School Hours of Care	After School Hours of Care	All Day Hours of Care