



208 W. Broadway Street
Montour Falls, NY 14865

Phone: 607-535-8908

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www.myplace-aplc.com

Rules and Requirements for Families Receiving Department of Social Services Assistance

- You are personally responsible to pay an application fee for each child before we can process your application.
- You are personally responsible to pay a non-refundable deposit for each child that is equivalent to the centers level 1 cost of care. Your deposit will be put towards your weekly parent fee or returned if no parent fee is due.
- In order to qualify for full-time DSS assistance, a child must attend at least 30 hours a week. If we notice that your child is attending less than 30 hours per week, we will discuss the option of moving your child to Drop-In care.
- Parent Fees will be expected on a weekly basis. Please speak to the Executive Director right away if there is any problem with payment. Anyone who is more than a week behind will risk losing their child's space in the program.
- I understand that I must submit proof of work (paystubs) to DSS. If I fail to do so, I will be personally responsible for the full amount of the charges for my child's daycare.
- I understand that I must be working every day that I bring my child to daycare. DSS will not pay for my child if I miss work because I'm sick, on vacation, laid off, take a personal day, quit my job, or miss work for any other reason. My Place will contact DSS and report parents found to be not working and their child is attending care.
- I must notify My Place immediately if I lose my job for any reason. I will be personally responsible for the full amount of charges for daycare once I have lost my job.
- DSS will cover the cost for every day my child is absent up to 12 days every calendar quarter. If my child misses more than 12 days in a quarter, I understand I will be personally responsible to pay for the full cost of each of those days.
- I must periodically recertify with DSS as required by their rules and regulations. If I fail to do so in a timely manner, I will be personally responsible for the full charges of every day until I recertify.
- I will abide by the My Place Health Care Plan.
- I agree to provide my child's diapers until my child is toilet trained.
- I agree to provide all requested paperwork required by Office of Children and Family Services regulations and/My Place within 2 weeks of the original request.

All of the above requirements will be **STRICTLY ENFORCED**

Name (Please Print): _____

Child's name (Please Print): _____

Signature Date: _____