



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CHILDCARE RESOURCE SERVICE
STATEMENT OF RELATIONSHIP OF PROVIDER AND CHILD

Provider Name: _____ **Parent Name:** _____

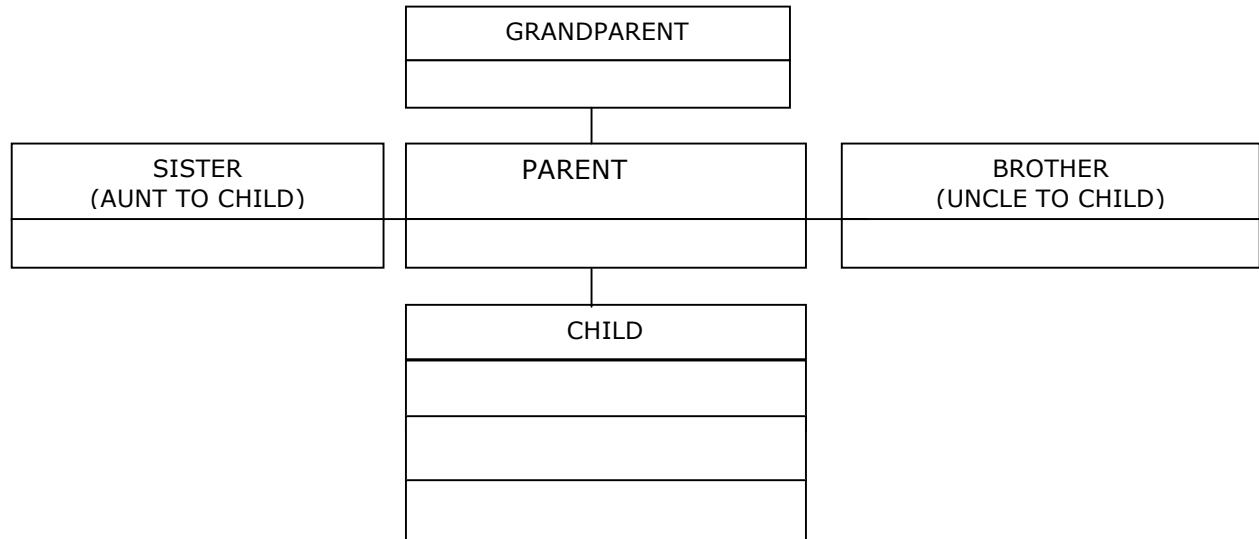
This form must be completed for a child(ren) being cared for by a license-exempt relative provider. Verification is required when enrolling families with a license-exempt relative provider.

I, _____ will be providing care for the child(ren) listed:

CHILD'S NAME	FATHER'S NAME	MOTHER'S NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____

I declare that I am the child (ren)'s _____
(RELATIONSHIP TO THE CHILD)

List persons in relationship to the child for whom care will/is being provided. Include yourself and the parent you are related to in the boxes.



I declare under penalty of forgery and perjury that the above information is correct.

Relative Provider's Signature

Date

Parent Signature

Date



YMCA CHILDCARE RESOURCE SERVICE
PROVIDER INFORMATION FORM

Please complete this form if you do not have a fee/rate Schedule established.

Provider Name: _____

Street Address _____ City _____ State _____ Zip code _____
(____) _____ (____) _____

Home Phone Number _____ Cell Phone Number _____ Preferred Language(s) _____

E-mail Address *required for communication and access to the website Care Portal located at <https://careportal.mcttechnology.com>

Childcare Fees:

Age:	Hourly	Daily	Weekly	Monthly	Yearly
0-1	_____	_____	_____	_____	_____
2-5	_____	_____	_____	_____	_____
6+	_____	_____	_____	_____	_____

Please note any hour and/or days that you are **NOT** available to provide child care due to other obligations: _____

My signature below certifies that:

- *I charge the same rates for subsidized and unsubsidized child(ren) in my care.*
 - *The client provided information on program guidelines and the information has been reviewed*
 - *Adult supervision (by the Provider) is maintained at all times when children are in attendance.*
 - *Provider will refrain from religious instruction.*
- Written notice must be given of any Provider changes within 5 business days.
Example of changes to report: change of phone number, Address, bank information.*

Under penalty of perjury the above information is true and correct to the best of my knowledge.

Provider Signature

Date



**YMCA CHILD CARE RESOURCE SERVICE
HEALTH AND SAFETY SELF-CERTIFICATION
FOR LICENSE-EXEMPT PROVIDERS**

INSTRUCTIONS: As a license-exempt child care provider (family, friend or neighbor) who is serving a family that receives subsidized child care services, you must fill out this form. Please complete the form, and return it promptly to the YMCA Childcare Resource Service.

PART A: PROVIDER INFORMATION AND SITE WHERE CHILD CARE WILL OCCUR

Name of Provider _____ Phone () _____

Address _____ City _____ State _____ Zip _____

The State of California requires proof that you are at least 18 years of age or older. Please attach a copy of your driver's license or other proof of age.

PARENT INFORMATION

Name of Parent _____ Phone () _____

Address _____ City _____ State _____ Zip _____

PART B: HEALTH AND SAFETY SELF-CERTIFICATION REQUIREMENTS

The home where you provide care must meet safety requirements. The health and safety standards are listed below. It is the ongoing responsibility of the parent and the provider to see that these basic standards are met.

If the statement is correct, the parent and provider must put their initials to the left of it. This will certify that the home meets health and safety standards.

	<u>Parent's Initials</u>	<u>Provider's Initials</u>	
1.	_____	_____	The home where child care is provided has working smoke detectors and fire extinguishers that meet standards set by the State Fire Marshal.
2.	_____	_____	The child care provider will not use corporal, harsh, or unusual punishment.
3.	_____	_____	The child care provider must allow unlimited parental access to the children while in their care.
4.	_____	_____	The child care provider must not have a communicable disease and, must be physically and mentally capable of caring for children. The provider must show proof to the parent that he/she was tested in the last 12 months and is free of active tuberculosis.
5.	_____	_____	The home where child care is provided has yard and play areas that have been checked and are safe for children. Children are protected from dangers such as pools, hot tubs, electrical outlets, stairs, poisonous materials, medications, guns and/or ammunition etc.

Information about health and safety and other basic child care training is available at American Red Cross, Community Colleges, the Fire Department and YMCA Childcare Resource Service, 1-800-481-2151 or www.crs.ymca.org.

PART C: OTHER INFORMATION

- List the information below for two local references. The references cannot be a parent of the child. The parent should contact these references to check your good character and ability to provide child care.

(Reference #1) Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

(Reference #2) Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

2. Complete the information below for all other adults in the home where child care is provided.

Name _____	Related to	<input type="checkbox"/> child	<input type="checkbox"/> you	Relationship _____
Name _____	Related to	<input type="checkbox"/> child	<input type="checkbox"/> you	Relationship _____
Name _____	Related to	<input type="checkbox"/> child	<input type="checkbox"/> you	Relationship _____
Name _____	Related to	<input type="checkbox"/> child	<input type="checkbox"/> you	Relationship _____

3. Describe your ability to provide child care and list your experience and qualifications.

PART D: IMPORTANT INFORMATION FOR THE PROVIDER AND PARENT

- **PROVIDER:** The provider is responsible for reporting income and payment of any federal or state income taxes.
- **PARENT:** If you choose to have child care provided in your home (in-home care), you are considered the employer and are responsible for paying at least the state’s minimum wage, social security tax, Medicare and state worker’s compensation insurance for your provider. You may also be responsible for unemployment taxes. You may be required to withhold federal or state income taxes from the child care provider’s earnings.
- **PARENT:** If you choose NOT to have child care provided in your home you are NOT considered the employer and are NOT responsible for paying any taxes or items listed above. Your provider will be considered an independent contractor.
- **PARENT:** If you have selected a new provider who is required to register with TrustLine, this provider is not eligible for reimbursement until he/she is registered with TrustLine.

PROVIDER’S STATEMENT: All information I provided on this form is true and correct to the best of my knowledge. If I am providing child care in my home, I certify that my home meets health and safety requirements listed in Part B. I understand that health and safety training information is available at YMCA Childcare Resource Service and other community agencies. I understand that I am not an employee of YMCA Childcare Resource Service.

PARENT’S STATEMENT: I have interviewed and approved this child care provider. I understand the statements on this form. I understand it is my responsibility to make sure that the child care provided to my child(ren) and the place where care is provided is safe. I also understand that the State of California or the YMCA Childcare Resource Service did not and will not check the safety of the child care offered by this provider.

If YMCA Childcare Resource Service cannot fully reimburse what my provider charges because it is over the limit set by the State, I will make a co-payment to the provider for the difference owed. I can also change to a provider that charges less.

I declare under penalty of perjury under the laws of the State of California that the information I provided on this page is true and correct to the best of my knowledge. I understand that giving false or incomplete information can result in being charged with a crime which can include penalties of a fine, imprisonment, or both.

Signature of Provider _____ Date _____

Signature of Parent _____ Date _____



YMCA CHILDCARE RESOURCE SERVICE ATTENDANCE SHEET CERTIFICATION

Parents and providers participating in the YMCA CRS Alternative Payment/Foster Bridge program must complete the attendance records as specified in the following state regulation: California Code of Regulations (CCR), Title 5, Education, and Section 18065.

The regulation requires that:

1. **Exact** time is indicated at the time **in** and time **out** for each day of care including **am** or **pm**.
2. **Middle section** only to be used for reporting additional time in and time out of care within the same day, such as when child attended school; the provider enters the time a school age child leaves or returns from school during the day.
3. Any child absences or variations of approved schedule are explained in the **comments column**.
4. **Family Fee amount** collected from the parent is to be recorded on the Attendance Sheet for the corresponding month.
5. Provider must indicate the **invoiced amount** (payment expected) on the Attendance Sheet; no invoiced amount may cause a delay in payment.
6. Provider invoices an amount consistent with their rates on file (rates must be the same rates charged to non-subsidy families).
7. Bottom of attendance sheet has a **full signature** and date from **client and provider**.
8. Parent and provider use approved YMCA CRS Attendance Sheet; no other attendance record can be used.
9. Do not use white out, if errors occur cross out and write-in the correct information.

Once childcare is authorized, Attendance Sheets are available on Care Portal at <https://careportal.mcttechnology.com>.

Date/day		Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comment	Date/day		Time In (AM/PM)	Time Out (AM/PM)	Time In (AM/PM)	Time Out (AM/PM)	Comment
Jul 1	Fri	8:02am	8:45am	2:15pm	4:58pm		Jul 17	Sat	CHILD IN CARE MORNING ONLY				
Jul 2	Sat	CHILD IN CARE BEFORE AND AFTER					Jul 18	Mon	8:01am			8:43am	
Jul 3		CHILD IN CARE FULL DAY					Jul 19		CHILD IN CARE AFTER SCHOOL ONLY				
Jul 4		CHILD IN CARE FULL DAY					Jul 20	Wed	2:17pm			5:04pm	
Jul 5	Tue	7:59am			5:02pm		Jul 21	Thu					Last day of care
Jul 6	Wed					Child Sick-Fever	Jul 22	Fri					

PROVIDER IS TO COLLECT THE ASSIGNED FAMILY FEE AT THE BEGINNING OF EACH MONTH AND DOCUMENT THE AMOUNT COLLECTED BELOW.

RECORD FAMILY FEE PAID

FAMILY FEE CERTIFICATION & RECEIPT/ATTENDANCE CERTIFICATION

Part Time Monthly:
\$50.00

Full Time Monthly:
\$100

ATTENTION: Enter amount of family fees paid for the current month only. \$ 100.00

PROVIDER BILLING/INVOICING

Any billed or invoiced amount must be the same amount provider charges to any private pay/non-subsidy families using the provider's child care services. **Total amount billed by provider for this period (do not deduct family fees):**

\$ 430.00 ←
(provider's bill/ invoiced amount)

Parent Self-Certification

I declare under penalty of perjury that the information herein is true and correct and that I am not receiving any other child care subsidy. I understand these child care hours are to be used only during pre-approved activities that entitle me to receive subsidized child care services. I understand any Family Fees that I am required to pay, as stated above, have been paid in full.

Parent/Guardian Signature

Parent Signature

Date:
07/31/2016

FULL PARENT SIGNATURE AND DATE AT THE END OF THE MONTH

Provider Self-Certification

I declare under penalty of perjury that the information herein is true and correct and this child care was provided for the sole purpose for which this child was certified. I am not receiving child care payment for the child care services provided from any other source. I understand family fees may not be waived under any circumstances. I understand that I may be required to repay any overpayment.

Provider Signature

Provider Signature

Date:
07/31/2016

FULL PROVIDER SIGNATURE AND DATE AT THE END OF THE MONTH

I declare under penalty of perjury that I understand the regulations of completing an Attendance Sheet on a daily basis. I understand the requirements, and the importance of printing Attendance Sheets at (<https://careportal.mcttechnology.com>) by the first of each month to have available for daily recording of child care hours. I understand that if a client is assigned a family fee, I am required to record provider support amount of the family fee that was paid to me on the Attendance Sheet. I understand that I am to invoice my childcare fees on the Attendance Sheet and if no invoiced amount is recored, it may cause a delay in payment. I understand that both I and the parent are required to sign the bottom of the attendance sheet. I understand that repeated failure to comply with Attendance Sheet requirements may result in termination from the program.

Provider Name

Provider Signature

Date



YMCA CHILDCARE RESOURCE SERVICE CERTIFICACIÓN DE LA HOJA DE ASISTENCIA

Los padres de familia y proveedores participando en el Programa de Pagos Alternativos/Foster Bridge de YMCA CRS deben llenar debidamente los registros de asistencia como se indica en el siguiente reglamento estatal: Código de Reglamentos de California (CCR), Título 5, Educación, y Sección 18065.

El reglamento requiere que:

1. La hora **exacta** se indique a la hora de **entrada y de salida** para cada día de cuidado incluyendo en la mañana (**am**) o en la tarde (**pm**).
2. La sección de en medio es usada únicamente para reportar tiempo adicional de entradas y salidas del cuidado dentro del mismo día, tal y como cuando el niño asistió a la escuela; **el proveedor** registra la hora en que un niño en edad escolar sale o regresa de la escuela durante el día.
3. La hora de llegada y de salida en la hoja de asistencia debe ser anotada por **el padre/la madre**.
4. La Tarifa familiar cobrada al padre/madre debe anotarse en la Hoja de asistencia del mes correspondiente.
5. Cualquier ausencia de un niño o variaciones al programa aprobado se explican en la columna de comentarios.
6. El proveedor debe indicar el pago total esperado en la Hoja de asistencia; falta de la cantidad facturada puede causar retraso en pago.
7. El proveedor factura una cantidad conforme a sus tarifas en el expediente o a las tarifas cobradas a las familias que no reciben subsidio.
8. En la parte inferior de la Hoja de Asistencia hay un lugar para la firma completa del **el padre/la madre y proveedor** y la fecha.
9. El padre/madre y proveedor usan la Hoja de asistencia aprobada de YMCA CRS; no se puede usar ninguna otro registro de asistencia.
10. No utilice el corrector blanco, si ocurren errores, coloque una línea a lo largo del error y escriba la información correcta.

Una vez que el cuidado infantil es autorizado, las hojas de asistencia están disponibles en el Portal de Cuidado en <https://careportal.mcttechnology.com>.

Fecha/día	Hora de entrada (AM/PM)	Hora de salida (AM/PM)	Hora de entrada (AM/PM)	Hora de salida (AM/PM)	Comentario	Fecha/día	Hora de entrada (AM/PM)	Hora de salida (AM/PM)	Hora de entrada (AM/PM)	Hora de salida (AM/PM)	Comentario	
Jul 1	Vie	8:02am	8:45am	2:15pm	4:58pm	Jul 17	Dom	CUIDADO POR LA MAÑANA ÚNICAMENTE				
Jul 2	Sáb	CUIDADO ANTES Y DESPUÉS DE LA ESCUELA				Jul 18	Lun	8:01am			8:45am	
Jul 3	Dom					Jul 19	Mar	CUIDADO DESPUÉS DE LA ESCUELA ÚNICAMENTE				
Jul 4	Lun	CUIDADO DURANTE TODO EL DÍA				Jul 20	Mié	2:17pm			5:04pm	
Jul 5	Mar	7:59am			5:02pm	Jul 21	Jue					Último día de cuidado
Jul 6	Mié				Niño enfermo-calentura	Jul 22	Vie					

EL PROVEEDOR DEBE COBRAR LA CUOTA FAMILIAR ASIGNADA AL COMIENZO DE CADA MES Y DOCUMENTAR LA CANTIDAD RECAUDADA A CONTINUACIÓN.

ANOTE LA TARIFA PAGADA POR LA FAMILIA

CERTIFICACIÓN Y RECIBO DE LA TARIFA FAMILIAR/CERTIFICACIÓN DE ASISTENCIA

Tiempo parcial mensual: \$50.00	Tiempo completo mensual: \$ 100	ATENCIÓN: Anote la cantidad de tarifas familiares pagadas únicamente por el mes actual. \$100.00
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FACTURACIÓN DEL PROVEEDOR

Cualquier cantidad facturada debe ser la misma cantidad que cobra el proveedor a cualquier familia particular que no recibe subsidio usando los servicios de cuidado infantil del proveedor. Cantidad total facturada por el proveedor para este período (no reste las tarifas familiares):	\$ 430.00 (cantidad de la factura del proveedor)
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Autocertificación del padre/madre	Autocertificación del proveedor
Declaro bajo protesta de decir la verdad que la información aquí es correcta y verdadera y que no estoy recibiendo ningún otro subsidio de cuidado infantil. Entiendo que estas horas de cuidado infantil deben ser usadas únicamente durante actividades aprobadas previamente que me dan derecho a recibir servicios de cuidado infantil subsidiado. Entiendo que cualquier cambio de información que indica más arriba, ha sido pagada.	Declaro bajo protesta de decir la verdad que la información aquí incluida es correcta y verdadera y este cuidado infantil fue proporcionado para el único propósito para el cual está certificado este niño. No estoy recibiendo pago de cuidado infantil para los servicios de cuidado infantil proporcionados de ningún otro proveedor. Entiendo que los servicios no pueden ser eximidos bajo ninguna circunstancia de pagar por cualquier sobrepago.
FIRMA DEL PADRE/MADRE Y FECHA AL FINAL DEL MES	FIRMA DEL PROVEEDOR Y FECHA AL FINAL DEL MES
Firma del padre/madre <i>Firma del padre/madre</i>	Firma del proveedor <i>Firma del proveedor</i>
Fecha: 07/31/2016	Fecha: 07/31/2016

Declaro bajo protesta de decir la verdad que entiendo los reglamentos de llenar debidamente la Hoja de asistencia en base diaria. Entiendo los requisitos, y la importancia de imprimir las Hojas de asistencia en (<https://careportal.mcttechnology.com>) a más tardar para principios de cada mes para que estén disponibles para el registro diario de las horas de cuidado infantil. Entiendo que si a un cliente se le asigna una tarifa familiar, a mí se me requiere registrar en la hoja de asistencia la cantidad de la tarifa familiar que me fue pagada. Entiendo que debo de incluir en la Hoja de asistencia la factura por concepto de mis cuotas por cuidado infantil y falta de la cantidad de factura puede causar retraso en pago. Entiendo que se requiere me firma y la firma de el padre/la madre en la Hoja de asistencia en la parte inferior. Entiendo que el no cumplir con los requisitos de la Hoja de asistencia en repetidas ocasiones podrá resultar en mi terminación del programa.

Nombre del proveedor

Firma del proveedor

Fecha



YMCA CHILDCARE RESOURCE SERVICE DIRECT DEPOSIT FORM

The YMCA Childcare Resource Service gives providers the option to receive their child care reimbursements via direct deposit. Please read information below and select one option (accept or decline).

Please read the following information and complete the Authorization Agreement ClearPay Service form for direct deposit.

No checks will be issued to you once the direct deposit process starts AND direct deposits cannot be stopped or changed without a 30-day written notice from the date that your last payment will be made to you. Additionally, two changes will be allowed during a contracting period.

If a deposit is rejected by your bank due to an error or closed account, a check will be processed only after funds are recovered by our office and you will be asked to submit current banking information.

The routing and account information you provide will be used by our bank to ensure all your child care payments are deposited automatically into your account.

On the website <https://careportal.mcttechnology.com> , you will receive a statement that identifies the children and weeks of care for which you were paid.

Should an error occur resulting in an incorrect amount being deposited into your account, your signature authorizes our agency to debit/charge your account for any correction amount necessary, but only after you have been notified.

Your ClearPay Service form must show the same name and signature that shows on the IRS form W-9 that we have in your provider file.

Should you need assistance in completing this form or have any questions, please contact a Provider Compliance Specialist at (619) 521.3055 ext. 2537 or ext. 2536 or ext. 2478.

I **Accept** Direct Deposit

I **Decline** Direct Deposit

Provider Name

Provider Signature

Date

COMPANY NAME: YMCA of San Diego County	CC3 IDENTIFICATION NUMBER:
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AUTOMATIC DEPOSITS

I (we) here by authorize YMCA of San Diego County, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my(our) Checking/ Savings account indicated below and the depository institution named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Your signature acknowledges your acceptance to have direct deposits made to your bank account for child care payments and that you agree to the conditions for direct deposit as indicated above.

Bank Name	Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/>
Transit/ABA Number/Routing Number	Account Number
Provider Name (Please Print)	Signature _____ Date _____

****To complete the Direct Deposit application; attach voided check or direct deposit documentation with provider's name, account number and routing number.***

*To be completed by OFFICE STAFF only:

Vendor #	<input type="checkbox"/> Reviewed by Provider Compliance Specialist:
Date Sent to THQ:	<input type="checkbox"/> Reviewed/Sent by:

Please return to:
 YMCA Childcare Resource Service
 3333 Camino Del Rio South #400
 San Diego, CA 92108



YMCA Childcare Resource Service Alternative Payment Program Guidelines for Program Integrity

The Alternative Payment (AP) Program maintains contracts with the California Department of Education to offer subsidized childcare assistance to families who are deemed eligible. The guidelines below serve to ensure the proper administration of government funds. Note: any action not specifically outlined below that is considered a violation of State regulations and/or agency policy is grounds for termination.

The YMCA Childcare Resource Service regularly reviews Community Care Licensing Facility Evaluation Reports and monitors provider enrollment with other child care subsidy agencies in San Diego County.

Child Care Fraud

Child care fraud is the knowing misrepresentation of facts that are material to an issue, made with the intent to obtain child care benefits or payment to which one is not entitled.

EXAMPLES OF CHILD CARE FRAUD:

- The parent and/or provider submitting an Attendance Sheet for times when child care was not provided or the child was not in the physical presence of the assigned child care provider.
- Forging a signature: a provider signing for the client or a client signing for the provider.
- Any falsification of documentation.

Cases of suspected fraud are referred to the proper authorities and may result in charges being filed, repayment of child care services provided and/or are subject to prosecution under State and/or Federal criminal statutes.

Provider Capacity for Licensed Providers

Licensee capacity is determined and monitored by Community Care Licensing (CCL). Exceeding capacity is a violation of Title 22 Regulations that govern licensed child care facilities and is a threat to the safety of children. Licensed family child care homes and licensed child care centers participating in the YMCA Alternative Payment Program shall not exceed their licensed capacity at any time.

EXCEEDING LICENSE CAPACITY

- A provider who is determined to be at or over capacity will be disallowed from enrolling any additional children with the YMCA until which time the provider can demonstrate that the additional enrollment(s) will not cause the provider to exceed their capacity.
- A provider who is determined to have exceeded their capacity three or more times within a 12 month period may have their agreement with the YMCA Alternative Payment Program terminated.

The YMCA Childcare Resource Service reserves the right to terminate any provider agreement or client case due to suspected fraud and/or failure to adhere to program policies.

By signing below, I attest to understanding the requirements and expectations as a provider with the YMCA Childcare Resource Service Alternative Payment Program.

Print Name: _____

Business Name (if applicable): _____

Signature: _____ **Date:** _____



YMCA Childcare Resource Service Receipt of Program Guidelines

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

READ, SIGN AND RETURN TO YOUR FAMILY ADVOCATE OR PROVIDER SPECIALIST

The YMCA Childcare Resource Service (YMCA CRS) FSS (AP) Guidelines are available online at: <http://www.crs.ymca.org>. **In order to receive subsidized child care from YMCA CRS and prevent services from being interrupted, parents and providers must understand and adhere to the following key guidelines:**

PARENT AND PROVIDER are responsible for promptly reading written documents from Family Advocate or Payment Analyst, including written requests for time sensitive documents, and Notices of Action. Parent and provider understand that mail is the primary form of communication.

PARENT AND PROVIDER are responsible for reading, understanding, and following the YMCA CRS Fraud Policy, and also truthfully reporting within five calendar days to Family Advocate any information related to child care location, days, times, and provider caring for child(ren) (page 44).

PARENT AND PROVIDER are responsible for accurately completing Attendance Sheets by writing exact time of drop off and pick up on a daily basis, indicating any reason for absence or last day of child care, using full signatures at the end of the month, and NOT recording time if child did not attend (page 32).

PARENT RESPONSIBILITIES

PARENT is responsible to notify Family Advocate of planned change in provider two weeks prior (page 26); a new child care provider will not be reimbursed until he/she completes the enrollment process with YMCA CRS Provider Services, and registers with TrustLine if applicable (page 19).

PARENT is responsible for paying assigned Family Fee to the provider on time, as indicated on the Notice of Action (page 30).

PARENT is responsible for reimbursement of any care that occurs outside his/her approved and verified need activity hours, as indicated on the Notice of Action and Child Care Certificate (page 23 and 29).

PARENT is responsible for submitting a written appeal prior to the Appeal Due Date in the event that he/she receives a Notice of Action for Termination, in order to be considered for Reinstatement or continuation of services (page 39).

PROVIDER RESPONSIBILITIES

PROVIDER is responsible for reporting all changes of rates, hours/days of operations, license (if applicable), direct deposit information, phone number and/or address, within five calendar days (page 19).

PROVIDER is responsible for indicating expected payment for services on the Attendance Sheet; this amount shall be the same charged to non-subsidized families receiving services in their care (page 32 and 35).

I, _____ hereby declare that I have received and read the YMCA CRS Alternative Payment Program Guidelines, have been given the opportunity to ask questions, and acknowledge that I am responsible for understanding the policies and procedures regarding my participation in the child care subsidy program.

Name (Print)

Signature

Date

Please check only one: Parent

Provider

Email Address

Business Name (for providers only)

YMCA Childcare Resource Service

2602 Hoover Avenue, Suite 102, National City, CA 91950
3333 Camino Del Rio South, Suite 400, San Diego, CA 92108
1040 North Broadway, Escondido, CA 92026

P 619 474 4707 **F** 619 474 2435
P 619 521 3055 **F** 619 521 3050
P 760 294 5050 **F** 619 584 5126



YMCA CHILDCARE RESOURCE SERVICE
Alternative Payment/Foster Bridge Program
Provider Reimbursement Schedule

In an effort to balance the high volume of incoming Attendance Sheets, and thus be able to provide consistent and excellent customer service to all of our providers, payments are divided into two major payment runs.

- For providers whose center name or last name begins with letters **A-L**, Attendance Sheets are due and payments will begin being processed on the **FIRST Tuesday** of the month.
- For providers whose center name or last name begins with **M-Z**, Attendance Sheets will be due and payments will begin being processed on the **THIRD Tuesday** of the month.
- Attendance sheets for providers M-Z submitted PRIOR to the third Tuesday of the month will not be processed earlier than the due date.
- All reimbursement for attendance records submitted on time according to this schedule will be issued within 10 business days of due date, with the payment day always falling on a Friday.
- Attendance Sheets received after the assigned due date will be paid after the last payment cycle of the month has been processed.
- Attendance Sheets received after the assigned due date due to delay(s) in mail delivery will be paid after the last payment cycle of the month has been processed.
- Funding for the AP/Foster Bridge Program is based on a July through June fiscal year. **In order to meet funding requirements, and close out the fiscal year ending June 30th, the Department must collect and process June Attendance Sheets on time during the month of July, for both A-L and M-Z providers.**
- Specific due dates for June Attendance Sheets are reevaluated every year, and will be communicated to providers via email beforehand.

Return completed Attendance Sheets to:

YMCA Childcare Resource Service,
ATTN: Provider Compliance
3333 Camino Del Rio South #400,
San Diego, CA 92108

I have read and understand the policies and procedures as stated above.

Name of Provider

Center Name

Provider Signature

Date