



Wayne County Department of Social

77 Water Street, PO Box 10, Lyons, NY 14489-0010 • Phone: (315) 946-4881 • Fax: (315) 946-7626

Date:

Name:

Address:

RE: Child Care Unit

Dear

You are being considered to receive child care funding. To determine your eligibility, the following items will need to be sent to me by _____:

1. The enclosed application.
2. Your pay stubs for the past 8 weeks (Note: if you work 6 days/wk and need care for the 6th day, you must submit a statement from your employer verifying this) or;
 - a. If you have been employed less than 8 weeks, your employer needs to complete the enclosed employer's statement or;
 - b. If you are going to school, you need to submit your class schedule and a statement from the school concerning your course of study and anticipated date of completion.
3. Current bank statement(s) for any interest-bearing checking or savings account(s);
4. Verifications of any other type of income you or your children may be receiving (e.g., Soc. Sec., SSI, dividends earned, or financial aid award letter);
5. Provider forms completed by provider and certified to by parent.
6. W-9 form completed by provider.
7. Custody order(s).
8. Statement as to why the absent parent is not available to provide care while you are working.

Please be sure to **sign** your application and return the information to **ATTN: Child Care Unit**. We must receive the above information by _____ to process your request for funding. If I do not hear from you by this date, you will need to call again and provide us with current information. Also, funding is not available for time prior to our receiving the enclosed application at WCDSS. We will not accept a copied or faxed application. If you have any questions, please feel free to call me at 315-946-4881.

Sincerely,

Child Care Unit

COMMISSIONER: Ellen T. Wayne, Ed.D.

DEPUTY COMMISSIONER OF SOCIAL SERVICES: Lisa P. Graf