

ORANGE COUNTY DEPARTMENT OF SOCIAL SERVICES

Children Services Daycare Attendance Sheet

DAYCARE PROVIDER INFORMATION

NAME: _____
ADDRESS: _____
TELEPHONE: _____

Mail Completed Sheet to:
Orange County DSS- Children's Services
Box Z, Quarry Road, Goshen, NY 10924

SERVICES PROVIDED FOR: _____

WEEK OF	DAILY HOURS							TOTAL
	SUN	MON	TUES	WED	THU	FRI	SAT	
_____ TO _____								
_____ TO _____								
_____ TO _____								
_____ TO _____								
_____ TO _____								
							GRAND TOTAL	

Daily Hours ***MUST*** be itemized:

TOTAL # OF DAYS: _____ TOTAL # OF HOURS: _____ TOTAL CHARGES: _____

PROVIDER'S SIGNATURE: _____ DATE: _____

FOSTER PARENT EMPLOYMENT STATUS

FOSTER PARENT #1: FT PT Hours: _____ N/A FOSTER PARENT #2: FT PT Hours: _____ N/A

* Supporting Documentation of Employment Status ***is required*** with the Initial Daycare Request for this specific foster child and when there is change in Employment Status, as well as the last day of the month every January, April, July and October or until Daycare services are no longer being provided for this specific foster child.

FOSTER PARENT SIGNATURE: _____ Date: _____

**** FOR OC DSS USE ONLY ****

CASE NAME: _____ CASE NUMBER: _____
SUPERVISORY APPROVAL: _____ DATE: _____