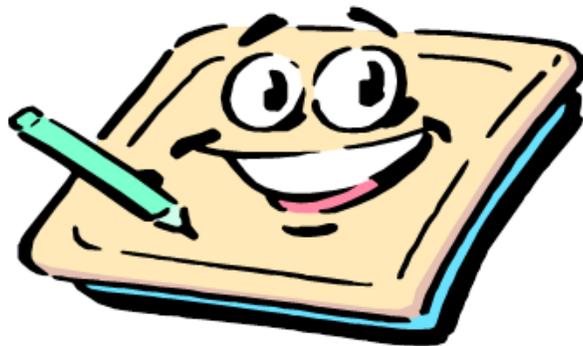


Case Name: _____

Effective Date: _____

CHILD CARE SERVICES (CCS)
500 Chestnut Steet, Suite 1100
Abilene, Texas 79602
(325)795-4200 or 1-800-457-5633
Fax: (325) 795-4369

SELF-ARRANGED CHILD CARE
(SACC)
PROVIDER PACKET
Relative Care



Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

Relay Texas: 1-800-735-2989 (TTY) / 711 (Voice).

This service is funded in whole or in part by federal funds. More detailed information is located on the Boards website at

<http://www.workforcesystem.org/107/Public-Information>

Este documento contiene informacion importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistemade la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretacion y la traduccion de documentos, sin ningun costo y a solicitud.



SELF-ARRANGED CHILD CARE

The SACC system allows parents to choose a child care provider who is not participating as a Child Care Program Operations' network provider. There are two ways to meet the requirements to be a SACC provider:

1. **Licensing or Registration**

A child care provider must:

- ✓ have a current license from the Texas Health and Human Services (HHSC) Child Care Regulation (CCR) as a licensed child care center, licensed child care home or a registered child care home, or
- ✓ be licensed as a youth camp by the Texas Department of Health (TDH), and
- ✓ not be on adverse action or corrective denial with CCR Licensing Division or TDH.

2. **Relative Care**

Relatives must meet the following criteria to be eligible to provide SACC:

- ✓ be related to the family by blood or marriage,
- ✓ be a grandparent, great-grandparent, aunt, uncle or sibling (over 18 years of age) and maintain a separate residence from the family receiving child care services, and
- ✓ be listed with the Texas Health and Human Services Child Care Regulation. No individual appearing on the Texas Department of Public Safety's Sex Offender Registry will be eligible to be a relative child care provider.

Both the parent and relative provider must sign a certification form verifying the relationship meets the guidelines established.

Parents and SACC providers must attend a mandatory SACC orientation within 30 days of the enrollment of the parent's children in order to be paid for services rendered. The orientation will give SACC providers instructions on billing for child care services and explain the payment process.

Parents may have to pay a parent fee. Child Care Services (CCS) will inform them of the amount. The parent fee has to be paid directly to the child care provider. Arrangements for paying this fee will be worked out between the parent and the provider. The parent fee amount will be automatically deducted from the provider's reimbursement. The portion of child care cost the Texas Workforce Commission pays cannot be claimed as a child care credit when calculating personal income taxes.

The child care reimbursement issued to the provider is **ONLY** for child care services already provided. Any use other than the purchase of child care is considered fraud. The Texas Workforce Commission will criminally prosecute any fraudulent activities committed in connection with its services.

Equal Opportunity Employer/Program

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West Central Texas
Child Care Services
500 Chestnut Ste. 1100
Abilene, Texas 79602
(325) 795-4200 / 1-(800)-457-5633
Fax: (325) 795-4369
www.workforcesystem.org

ACKNOWLEDGEMENT

I understand and acknowledge that CCS/Serco of Texas will report billing payments to:

1. The Internal Revenue Service (IRS) for tax purposes at the end of each calendar year.
2. The Texas Health and Human Services if I am receiving TANF, SSI or Food Stamp benefits.

I understand that I am considered to be an independent business person, not an employee of Serco of Texas/Workforce Solutions of West Central Texas Child Care Services of the Workforce Solutions of West Central Texas Board.

I understand that Serco of Texas will not withhold any amounts for payment of taxes from my billing payment for providing child care services. I acknowledge that I am not entitled to participate in any pension, retirement, unemployment compensation, or other benefit programs through Serco of Texas.

I understand that the amount I receive in billing payments for each child depends on the child's age and the maximum amount the Workforce Solutions of West Central Texas Board allows for that age less any parent fee.

I understand that submitting billing claims for child care not actually provided constitutes fraud and will result in termination of CCS child care assistance and criminal prosecution.

I give permission to Serco of Texas to contact a third Party to verify authenticity of Social Security card, Texas Identification card or Texas driver's license.

_____ I verify that I do not have any other full-time or part-time job that conflicts with the hours that child care has been authorized. I understand if at any time CCS becomes aware that I am not providing care during authorized hours care will be terminated immediately and I will be subject to repaying any reimbursements received during this time.

Self-Arranged Child Care Provider Signature

Date

Parent Name (printed)

*Equal Opportunity Employer/Program
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Revised 04/16/2018



Serco of Texas/Child Care Services (CCS)

500 Chestnut Suite 1100
Abilene, Texas 79602
(325) 795-4200 /Fax: (325) 795-4369

**Request for Taxpayer
Identification Number and Certification
Form W-9**

ENCLOSED IS A W-9 FORM, REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION. THIS MUST BE COMPLETED WITH THE PROVIDER'S MAILING ADDRESS. PLEASE ATTACH A COPY OF YOUR SIGNED SOCIAL SECURITY CARD AND CURRENT DRIVER'S LICENSE OR PROOF OF EMPLOYER IDENTIFICATION NUMBER. THE 1099'S WILL BE MAILED AT END OF YEAR FOR EACH PROVIDER TO FILE WITH THEIR TAX RETURN. A COPY WILL BE FURNISHED TO THE IRS. THE PROVIDER IS RESPONSIBLE FOR REPORTING INCOME AND PAYMENT OF ANY FEDERAL INCOME TAXES.

*Equal Opportunity Employer/Program
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Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
		<p>2 Business name/disregarded entity name, if different from above</p>	
		<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____ </p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p> <p>SERCO, Inc. dba Serco of Texas 9301 Michigan Ave Detroit, MI 48210</p>
		<p>6 City, state, and ZIP code</p>	
		<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																					
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
------------------	---	---------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Name of Parent or Guardian/Nombre del Padre, Madre o Tutor

NOTE TO PARENT: Each person or organization whom you pay to provide child care must complete one of these forms.

AFTER THE FORM HAS BEEN COMPLETED RETURN IT IN THE ENVELOPE PROVIDED TO THE ADDRESS SHOWN HERE.

NOTA PARA EL PADRE: Cada persona o centro al que usted pague por cuidar a sus niños debe llenar una de estas formas.

LUEGO DEBE DEVOLVERNOS LA FORMA EN EL SOBRE INCLUIDO A LA DIRECCION QUE SE DA A LA IZQUIERDA

INFORMATION ABOUT THE CHILD CARE PROVIDER/INFORMACION SOBRE EL PROVEEDOR DE CUIDADO DE NIÑOS

Name of Provider Nombre del Proveedor		Date of Birth (if individual) Fecha de Nacimiento (si es una persona)	Social Security No. or EIN Número de Seguro Social o EIN
Address (Street, City, State, ZIP)/Dirección (Calle, Ciudad, Estado, ZIP)			Telephone No./Teléfono
Mailing Address (if different)/Dirección Postal (si es diferente)			
Name of Center Director (if a Child Care Center)/Nombre del Director del Centro (si es un Centro Infantil)			
What is the relationship of child care provider to child?/¿Relación o parentesco del proveedor con el niño? <input type="checkbox"/> Great-grandmother / Bisabuela <input type="checkbox"/> Great-grandfather / Bisabuelo <input type="checkbox"/> Grandmother / Abuela <input type="checkbox"/> Grandfather / Abuelo NOTE: Providers selected by parents on or after September 7, 1991, must be licensed or registered, or the great-grandparent, grandparent, aunt, uncle, or sibling (not living in the same household as child). NOTA: Después de septiembre 7, 1991, inclusive, el proveedor seleccionado por los padres tiene que tener licencia, estar registrado o ser bisabuela/bisabuelo, abuela/abuelo, tía/tío, o hermana/hermano (que no vive con el niño). <input type="checkbox"/> Aunt / Tía <input type="checkbox"/> Uncle / Tío <input type="checkbox"/> Sibling (not living in same household as child) / Hermana/hermano (que no vive con el niño) <input type="checkbox"/> None / Ninguno <input type="checkbox"/> Other (specify): _____			
Do you operate a registered home? ¿Se encarga usted de un hogar registrado?		<input type="checkbox"/> Yes / Sí <input type="checkbox"/> No / No	Do you operate a licensed facility? ¿Se encarga usted de un centro con licencia?
Total number of children you care for: Número total de niños que cuida:		Total number of children you care for who are unrelated to you: Número total de niños que cuida que no son sus parientes:	
Where is the care provided? ¿Dónde cuida a los niños?		<input type="checkbox"/> In a Center / En un Centro	<input type="checkbox"/> In the Child's Home / En la Casa del Niño <input type="checkbox"/> In My Home / En Mi Casa

List the names of this client's children who are in your care: Nombres de los niños que usted cuida que son hijos de crianza de este cliente:	DATE OF BIRTH FECHA DE NACIMIENTO	DAYS OF THE WEEK DIAS DE LA SEMANA	HOURS HORAS		DAILY RATE TARIFA DIARIA
			From/De	To/A	

I understand that participation as a self-arranged child care provider is voluntary.

Comprendo que la participación como proveedor de cuidado de niños arreglado por los padres es voluntaria.

I also understand that I will not be paid for any day that I operate my facility over the licensed or registered capacity.

También entiendo que no se me pagará por ningún día en que opere mi instalación en exceso del cupo máximo fijado por la licencia o el registro correspondiente.

Signature-Provider/Firma-Proveedor

Date/Fecha

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

Relay Texas: 1-800-735-2989 (TTY) / 711 (Voice).

INDEPENDENT CONTRACTOR STATUS
OF
SELF-ARRANGED CHILD CARE PROVIDER

I hereby understand and agree the arrangement for child care services between Serco of Texas/Child Care Services, _____ (parent), and me is not an employer-employee relationship. I am an independent contractor and agree that I will not misrepresent myself as an employee of Serco of Texas/Child Care Services. I acknowledge that I am not entitled to participate in any pension, retirement, unemployment compensation or other benefit programs now or in the future that are available to employees of Serco of Texas/Child Care Services.

I understand that Serco of Texas/Child Care Services will not withhold any taxes from my compensation for providing child care services, and that I must report all earnings to the IRS for tax purposes.

I understand that all billing claims must be submitted to Austin by Serco of Texas/Child Care Services within 20 days of the last day of the month billed and that it is my responsibility to submit correct billing within the deadline, or I will not be paid.

Provider's Signature

Date



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PROVIDER RELEASE & STATEMENT

I, the undersigned Provider, agree to protect, indemnify, release, and hold Texas Workforce Commission, Workforce Solutions of West Central Texas Board, Serco of Texas, and any other payment agencies, their respective officers, boards, members, directors, agents, employees, successors and assigns (collectively released parties) free and harmless from and against any and all claims, demands and causes of action of every kind and character (including the amounts of judgments, penalties, interest, court costs and legal fees incurred by any of the released parties, their respective officers, boards, members, directors, agents and employees, in defense of same), arising in my favor, or any third parties whomsoever (including any child under my care or the parent or guardian of any child under my care) on account of claims, debts, bodily injuries, death or damages to property, and without limitation by enumeration all other claims or demands of every character, caused by my conduct on property or occurring in, or in anywise incident to, in connection with or arising out of my provision of child care services as contemplated by this self-arranged child care declaration or the rights granted hereunder.

All information provided and contained on this form is true and correct to the best of my knowledge. If care occurs in my home, I certify that my home meets health and safety requirements required by law or required by the Parent(s)/Guardian(s) of any child(ren) under my care. I understand that health and safety training information is available from community agencies. I understand that I am not an employee of the Texas Workforce Commission (TWC), the Workforce Solutions of West Central Texas Board, Serco of Texas or other payment agencies. No person or representative of the Texas Workforce Commission (TWC), the Workforce Solutions of West Central Texas Board, Serco of Texas, or other payment agencies directs or controls my hours, how I perform my job, or provide tools or equipment necessary for child care. Such issues are determined between myself and the Parent(s)/Guardian(s) of the child(ren) under my care. I am solely responsible for the health and safety of the child(ren) while they are under my care. I understand that if I am an aunt, uncle, grandfather, grandmother or great-grandparent to the child(ren) in my care, I may be exempt from registration/licensure requirements and the health and safety standards of my community. I acknowledge and agree that any money delivered to me by Serco of Texas is payment for the self-arranged child care services. I also understand that such payment is on behalf of the child(ren)'s Parent(s)/Guardian(s) and that payment of such funds do not constitute the existence of any employment or agency relationship between myself and the Texas Workforce Commission (TWC), the Workforce Solutions of West Central Texas Board, Serco of Texas, or other payment agencies. I understand that giving wrong or incomplete information can result in legal prosecution with penalties that can include a fine or imprisonment or both. I understand the statements provided on this form. I have had an opportunity to review this form (or a copy) with an attorney prior to executing it. (If you choose to, at your own expense.)

Provider's Signature: _____

Date: _____



A proud partner of the **american jobcenter** network

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CCS Self-Arranged Child Care Declaration of Employment

- I am not employed at this time.

- I am currently employed at _____.

Address and phone number of employer:

My work schedule is (days and hours):

I understand that CCS may verify my employment hours to ensure they do not conflict with the self-arranged child care arrangement between _____
(parent's name)
and myself.

Provider Signature: _____ Date: _____



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CHILD CARE SERVICES (CCS)

500 Chestnut Suite 1100
Abilene, Texas 79602
(325) 795-4200 / Fax: (325) 795-4369

SELF-ARRANGED CHILD CARE PROVIDER REGISTRATION FORM

SACC providers should be aware that a person may be prosecuted for obtaining or attempting to obtain, by fraudulent means, services to which they are not entitled. Child Care Services takes these matters seriously and will prosecute violators to the fullest extent of the law. Instances of fraud include, but are not limited to, receiving payment for services you are not eligible to provide and requesting reimbursement for providing child care services that you did not provide.

(Provider must furnish the following information and sign all statements, acknowledgements and releases required herein.)

NAME OF PROVIDER: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COUNTY: _____ TELEPHONE #: _____ SOCIAL SECURITY #: _____

LIST ALL OTHER ADULTS LIVING IN THE HOME WHERE CARE IS PROVIDED AND RELATIONSHIP TO CHILD AND PROVIDER:

1) NAME: _____ RELATIONSHIP TO CHILD: _____

RELATIONSHIP TO PROVIDER: _____

2) NAME: _____ RELATIONSHIP TO CHILD: _____

RELATIONSHIP TO PROVIDER: _____

3) NAME: _____ RELATIONSHIP TO CHILD: _____

RELATIONSHIP TO PROVIDER: _____

(Attach additional sheet, if necessary.)

DESCRIBE YOUR ABILITY TO PROVIDE CHILD CARE BY LISTING EXPERIENCE AND QUALIFICATIONS:

Signature of CCS Representative: _____ Date: _____

(ENCLOSED IS A W-9 FORM, REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION. THIS MUST BE COMPLETED WITH THE PROVIDER'S MAILING ADDRESS, AND A COPY OF THE PROVIDER'S SIGNED SOCIAL SECURITY CARD MUST BE ATTACHED. THE 1099'S WILL BE MAILED AT END OF YEAR FOR EACH PROVIDER TO FILE WITH THEIR TAX RETURN. A COPY WILL BE FURNISHED TO THE IRS. THE PROVIDER IS RESPONSIBLE FOR REPORTING INCOME AND PAYMENT OF ANY FEDERAL INCOME TAXES.)



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Hay disponibles servicios de idioma, incluida la interpretacion y la traduccion de documentos, sin ningun costo y a solicitud

Revised 07/2011

PROVIDER/CHILD RELATIONSHIP

I declare, under penalty of perjury according to the laws of the United States of America and the State of Texas, that I am by blood, marriage, or court decree, either the aunt, uncle, grandfather, great-grandfather, grandmother, great-grandmother, or older sibling (residing in separate household) of:

(Name of Child)	(Name of Child)	(Name of Child)
(Name of Child)	(Name of Child)	(Name of Child)
(Name of Child)	(Name of Child)	for whom I am providing care.

- PLEASE CHECK YOUR RELATIONSHIP:
- AUNT
 - UNCLE
 - GRANDFATHER
 - GREAT-GRANDFATHER
 - GRANDMOTHER
 - GREAT-GRANDMOTHER
 - SIBLING (RESIDING IN SEPARATE HOUSEHOLD)

Parent Signature	Date
Provider Signature	Date
CCS Representative Signature	Date



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This service is funded in whole or in part by federal funds. More detailed information is located on the Boards website at <http://www.workforcesystem.org/107/Public-Information>

Este documento contiene informacion importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistemade la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretacion y la traduccion de documentos, sin ningun costo y a solicitud'
 Revised 06/05/2019

ATTENDANCE

It is the SACC Provider’s responsibility to record attendance for each child receiving Child Care Services. Child Care Services *will only pay SACC Providers for days that child care services have been authorized and provided.*

REIMBURSEMENT

If, within a 24 hour period, a parent needs...	...then Child Care Services will...
...less than 6 hours of child care...	...enroll the child for 1 part-day unit...
...at least 6 hours of child care...	...enroll the child for 1 full day unit...
...more than 12 hours but less than 18 hours of child care...	...enroll the child for 1 1/2 units.

Children may not be enrolled for more than 1 1/2 units of care per day (24 hours).

MAXIMUM DAILY SACC REIMBURSEMENT RATES

The following lists the *maximum rates* that will be paid to Self –Arranged Child Care Providers. Your daily rate for each of the categories may be more, but the *maximum rate* listed below is the most that will be paid.

Age of Child		Full Time	Part Time
INFANT:	0 – 17 Months	\$10.19	\$5.72
TODDLER:	18 Months – 35 Months	9.34	6.46
PRE-SCHOOL:	36 Months – 5 Years	8.93	5.87
SCHOOL AGE:	6 Years – 12 Years	8.29	6.41



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To Whom It May Concern:

SER Metro Detroit/Serco is pleased to offer electronic ACH payments to you. ACH payments provide an alternative to the paper check. Please submit the completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information. Please email the form to sdrews@sermetro.org or mail:

SER Metro Detroit
Attn: Sandy Drews
5200 Stecker Street
Dearborn, MI 48126

AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM

Vendor Information:

Vendor Name: _____
 Remittance Address: _____
 Remittance City: _____ State: _____ Zip Code: _____
 Contact Name: _____ Phone #: () _____
 E-Mail Address: _____

Banking Information:

Vendor's Bank Name: _____
 Bank Address: _____
 Bank's City: _____ State: _____ Zip Code: _____
 Bank Contact Name: _____ Phone #: () _____
 ABA Routing #: _____ Account #: _____
 Account Type
 (please check only one) Checking Savings

Vendor's Authorization:

Please sign below to confirm that you are authorizing SER Metro/SERCO to begin transferring payments for your invoices to the account mentioned above.

_____	_____
Signature	Title
()	_____
Phone Number	Date



CHILD CARE MANUAL ATTENDANCE REPORTING

TWC is procuring a new automated attendance system. While TWC is in the procurement process and until the procurement is complete, TWC will temporarily stop collecting attendance through an automated system. Child Care Services (CCS) has implemented interim procedures to manually collect child(ren) attendance at relative child care providers.

Provider Responsibilities:

- Must manually record actual attendance for days care is authorized
- Must mark the child(ren) present (P) on the days the child(ren) are provided care and absent (A) on the days that the child(ren) are not provided care
- Must submit child care manual attendance report to Child Care Services (CCS) semi-monthly in order to be reimbursed. Failure to submit manual attendance will result in non-payment for child care provided.

The children must be marked as present (P) in order for the relative provider to be paid for days care is authorized. **Relative providers will not be paid for absences per §809.93(c).**

Child Care Services (CCS) can assist the provider with any questions.

I acknowledge that I have read and agreed to this agreement, and all of my questions about this agreement have been answered.

Provider Signature: _____ Date: _____

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**CHILD CARE SERVICES
SACC PROVIDER AWARENESS FORM**

STAFF: Read each numbered paragraph to the provider. After you read a paragraph, make sure the provider understands it and answer any questions about it. Once the provider indicates that he or she understands the paragraph and has no further questions about it, have the provider initial it. If the provider refuses to initial the paragraph or refuses to sign at the bottom, note this on the form. If the form is processed over the phone, the form should be annotated according and a copy sent to the provider to initial and sign with instructions for its return. Place the signed copy in the file for future use if needed.

Staff Member Administering Form: _____
(Please print name)

Date Administered: _____ via phone in person

Customer: _____
(Please print name)

Work/Training/Education:

1. I understand that I am able to provide child care services so that CCS client can work, go to school, or be in job training classes. I will not provide child care services if I have knowledge of or am aware of client not working, going to school or in job training classes for at least **25/50** hours a week. If I have knowledge of or am aware of CCS client no longer working, training, no longer attending school or no longer in job training classes for at least **25/50** hours a week, I will notify CCS Immediately and advise client to do the same.

Provider's Initials: _____

Family/Income:

2. I understand that clients qualify for child care based on family's income or size. If I have knowledge of or am aware of family's income or size changes, I will notify CCS immediately and advise client to do the same. [For example, if client gets a job, a pay raise, a bonus and/or a commission, etc., or, if client gets married, etc.]

Provider's Initials: _____

3. I understand that it may be considered stealing child care services if I continue to provide child care and have knowledge of or am aware of client's ineligibility for the program due to any changes in their work, training, or education status; income; benefits; family; or marital status. I understand that if I fail to immediately notify CCS of these changes that criminal charges may be filed against me with the district attorney or county attorney, child care will be terminated, and I will have to repay the amount owed. These consequences apply to a failure to report any changes you have knowledge of or are aware of in the status of CCS client as discussed and initialed above.

Provider's Initials: _____

I have read and understood everything I initialed above. All my questions were answered.

Provider's Signature: _____ **Date:** _____

Staff Member's Signature: _____ **Date:** _____

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