

Robert P. Astorino  
County Executive

Department of Social Services

Kevin M. McGuire  
Commissioner

### CHILD CARE PROVIDER PAYMENT RESOLUTION REQUEST

The payment resolution process is a formal process for child care providers to have their child care payment reviewed when discrepancies occur. To initiate the review, this form must be completed by the child care provider and should be submitted within 60 days of the end of the service month in question. **The attendance sheets and the sign in / out sheet for each child and service month listed below MUST be submitted with this form.**

Please mail all information to: Westchester County Department of Social Services, Child Care Subsidy Unit Attention: **Child Care Provider Liaison**, located at 10 County Center Road 2<sup>nd</sup> Floor White Plains, NY 10607. **Incomplete forms or forms submitted without attendance sheets may delay the process.**

**Note:** Submission of this form does not guarantee payment. WCDSS will review the request and verify the child’s and provider’s eligibility. WCDSS will notify the provider of the outcome within 10 business days from the date the Payment Resolution Request is received.

<b>Child Care Provider / Facility Name:</b>		<b>Vendor Number:</b>	
<b>Contact Name:</b>	<b>Email:</b>	<b>Telephone #:</b>	
<b>Mailing Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

*The information provided below along with the attendance sheet will be used to review payment. Attach additional sheets if more space is needed.*

Case Name	Case #	Child’s Name	CIN #	Service Month	Reason for Review

**\* In the reason for review column, please enter the letter that best describes the situation:**

- A- The child was not on my roster
- B- The rates are incorrect
- C- I provided more hours of care than the child was authorized
- D- I was not paid the correct amount
- E- Other reasons - please explain in the space below

**Explanation:**

<b>Provider Signature:</b>	<b>Date:</b>
----------------------------	--------------

Case Name	Case #	Child's Name	CIN #	Service Month	Reason for Review
<p><b>* In the reason for review column, please enter the letter that best describes the situation:</b></p> <p>A- The child was not on my roster            B- The rates are incorrect            C- I provided more hours of care than the child was authorized            D- I was not paid the correct amount            E- Other reasons - please explain in the space below</p>					
<p><b>Explanation:</b></p>					
<p><b>Provider Signature:</b></p>				<p><b>Date:</b></p>	

# 2135 (08/15)