



CHILD & YOUTH SERVICES VERIFICATION FOR STAFF CHILD CARE CREDIT

Per SY22-23 (1 Dec 2022) Fee Policy, CYS personnel are eligible for a 50% reduction on full-time childcare fees with CYS CDC and SAC programs.

Initial after each of the following, **I understand that:**

The fee reduction will be applied to the youngest child based on the Full Rate.

_____ (Initial)

The fee reduction will be applied after any applicable deployment support services reductions.

_____ (Initial)

These fee reductions will not be applied to any siblings. Sibling will receive the multiple child reduction.

_____ (Initial)

Only **one** Staff credit will be applied per child even if more than one Family member is employed in CYS Services.

_____ (Initial)

Staff credits are not authorized towards co-pays for patrons receiving state assistance.

_____ (Initial)

Staff credits will be applied starting the next **Full** billing cycle. *Ex. If EOD is 1 Dec. Credit will be applied effective 1 Dec. If EOD is 2 Dec. Credit will be applied effective 15 Dec.* (retroactive credits prior to 1 Dec 2022 are not authorized).

_____ (Initial)

Household Scenario #1	Household Scenario #2
<u>One child in Household:</u> 50% Staff Credit Applied per billing cycle against Full Rate	<u>2+ children in Household:</u> 1 st Child (youngest child/highest child care rate)= 50% Staff Credit Applied against Full Rate Addtl children=Billed at MCR Rate – Staff Credit Not authorized

Sponsor's name: _____

CYS Employee's Name:	Center Name:	Position Title:
_____	_____	_____

Child(s) Name:	Center Name Child is Enrolled at:
_____	_____
_____	_____
_____	_____

Patron's signature

Administrator's Signature

Date Submitted

Date Verified

CYS Official Use ONLY

Administrator validates employment and child enrollment: Yes: ____ No: ____ Initials: ____

FTS initiates the Auto-Payment setup to all regularly scheduled billing activities: Initial: ____

FTS sends a copy of this application form to Parent Central and each impacted center: Initial: ____

Program Staff acknowledges application received: Initial: ____ and files form with child record: Initial: ____

Note: The Center are responsible for verifying and maintaining the auto-payments are up-to-date as required. Pay Code authorized is 51.