

**Columbia County Department of Social Services Monthly Attendance for Day Care Services**

Parent/Caretaker Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Caretaker Address: \_\_\_\_\_ Location of Care: \_\_\_\_\_

Reason for Care: \_\_\_\_\_

Checkmark Type of Provider: LE \_\_\_\_\_ FDC \_\_\_\_\_ GFDC \_\_\_\_\_ DCC \_\_\_\_\_ SACC \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Month of Care: \_\_\_\_\_, 2022

Days	Week 1					Week 2					Week 3					Week 4					Week 5				
	Date	IN	OUT	HOURS	\$00.00	Date	IN	OUT	HOURS	\$00.00	Date	IN	OUT	HOURS	\$00.00	Date	IN	OUT	HOURS	\$00.00	Date	IN	OUT	HOURS	\$00.00
Mon					\$					\$					\$					\$					\$
Tues					\$					\$					\$					\$					\$
Wed					\$					\$					\$					\$					\$
Thurs					\$					\$					\$					\$					\$
Fri					\$					\$					\$					\$					\$
Sat					\$					\$					\$					\$					\$
Sun					\$					\$					\$					\$					\$
					\$					\$					\$					\$					\$
FSF	\$					\$					\$					\$									
Due	\$					\$					\$					\$									

We hereby certify that the Daycare services shown above; amount to \$\_\_\_\_\_.\_\_\_\_\_ have been actually performed and the total amount charged is due and owing.

Parent/Caretaker Signature: \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

**COLUMBIA COUNTY DEPARTMENT OF SOCIAL SERVICES DAYCARE SUBSIDY**  
**MONTHLY ATTENDANCE FORM**

- *Monthly Attendance Forms* are to be mailed in on the 1st calendar day of the following billing month. (Jan. *Monthly Attendance Form* would be submitted Feb. 1<sup>st</sup>)
- If the client's *Authorization Letter* states the client must submit a *Monthly Work Verification Form*- knows that the *Monthly Attendance Form* will not be processed until the *Monthly Work Verification Form* is submitted to the Daycare Unit.
- All Attendance forms should be submitted by mail to: Columbia County Department of Social Services Attn Day Care Unit PO BOX 458 Hudson NY 12534- DO NOT MAIL TO RAILROAD AVE as it will not be deliverable.
- Family Share Fees are to be collected weekly from the client- one family share fee per client not child. It is encouraged to establish a receipt process. If a client does not pay the Family Share Fee for three consecutive weeks please notify the Daycare Unit.
- Legally-Exempt Providers are to be paid directly from the Client as determined by negotiation between the client and the Legally-Exempt Provider. The Daycare Unit processes the *Monthly Attendance Form* as a reimbursement to the parent-dependent upon compliance and authorization.
- Complete the *Monthly Attendance Form* with actual care was provided. Please do not use "ditto's", arrows or "same"- payment will not be issued for those dates.
- If care consists over two days because of non-traditional hours the *Monthly Attendance Form* is to be written as 4/1/14 F-11:00pm-12:00am 4/2/14 Sa-12:00am-7:15am
- Copies of *Monthly Attendance Forms* will not be accepted Please contact the Daycare Unit if additional forms are required
- All forms received incomplete (i.e. missing signatures, dates, times, names, addresses, phone #'s, reason for care, ages, or provider type...) will be sent back to the client or contracted provider for completion and resubmission within 10 days.
- Times should reflect **EXACT TIME IN AND EXACT TIME OUT.**
- *Monthly Attendance Forms* submitted after three months from the date of actual services will require additional review and additional processing.
- It is encouraged to keep personal copies of each Attendance Form.
- Processing may take up to three weeks, please wait three weeks after submitting forms to inquire about processing status.
- For more information contact the Daycare Unit at 518-822-0087.

Example Day	Date	Week 1			
		IN	OUT	IN	Out
Mon		X	X	X	X
Tues		X	X	X	X
Wed	1	8:10AM	12:43PM	5:20PM	9:05PM
Thurs	2	*	*	*	*
Fri	3	*	*	*	*
Sat	4	10:01PM			12:05AM
Sun	5	11:59AM			7:37AM
Total					
FSF		\$10.00			
Due					