

SPACE PROVIDED FOR ADDITIONAL CHILDREN ON THE BACK OF THIS SHEET

Erie County Department of Social Services
 95 Franklin St. Buffalo, NY 14202
VOUCHER (WEB) RE-BILLING FORM

Re-billing must be within **3** months of original payment

VENDOR # _____

VOUCHER # IN ERROR	CHILD'S NAME	CHILD'S CASE #	CHILD'S CIN #	SERVICE PERIOD	AMOUNT RECEIVED	NEW AMOUNT REQUESTED	RE-BILLING REASON

CERTIFICATION SECTION INSTRUCTIONS

CHILD CARE IN CLIENT'S HOME- Client or relative must sign and date the certification in **PART A**.

The Vendor (DC Provider) must sign the certification in **PART B** and write his/her social security number in the space provided.

CHILD CARE IN VENDOR'S HOME - Vendor (DC Provider) must sign and date the certification in **PART B**

and write his/her social security number and license or certification number in the space provided.

CHILD CARE/DAY CARE CENTERS - Must complete the certification in **PART B** and enter the license

or certificate number of the facility.

All other Vendors must complete the certification in **PART B**

CERTIFICATION SECTION - PART A

The recipient(s) named on this voucher is/are authorized to receive supplies or services in the kind and amount specified

Signature of Recipient or Relative
 (To be signed in the presence of Vendor)

DATE

CERTIFICATION SECTION - PART B

I certify that the services itemized have in fact been furnished; that the amounts listed are due and owing and that, except as noted, no part thereof has been paid; that payment of fees and rates made in accordance with established schedules is accepted as payment in full for the services provided; that there has been compliance with Title VI of the Federal Civil Rights Act of 1964 in furnishing care, services and supplies without discrimination on the basis of race, color or national origin; that such records as are necessary to disclose fully the extent of care, services and supplies provided to individuals under the New York State program will be kept, and information will be furnished regarding payment claimed thereof as the local Social Services Agency or the State Department of Social Services may request; and that the vendor understands that payment and satisfaction of this claim will be from Federal, State, and Local public funds and that he/she may be prosecuted under applicable Federal and State Laws for any false claims, statements, or documents or concealment of material fact.

AUTHORIZED VENDOR SIGNATURE

DATE

VENDOR (DC Provider) SOCIAL SECURITY NUMBER

VENDOR LICENSE OR CERTIFICATE NUMBER

VENDOR NAME AND ADDRESS:

ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES CERTIFIED CHILD CARE ATTENDANCE SHEET

VENDOR: _____

VOUCHER/ROSTER # _____

*****PLEASE FILL OUT IN BLUE/BLACK INK ONLY*****

VENDOR #: _____

PHONE #: _____

CHILD'S SCHOOL DISTRICT _____

1.) CHILD'S NAME: _____

CHILD'S DOB: _____

CHILD'S CIN #: _____ Month _____, 20____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time In																															
Time Out																															
Time In																															
Time Out																															
TOTAL:																															

Parent's Signature: _____ Date _____ Please print parent name _____

ATTENTION PARENTS: SIGNATURE & SCHOOL DISTRICT REQUIRED FOR ALL CHILDREN

CHILD'S SCHOOL DISTRICT _____

2.) CHILD'S NAME: _____

CHILD'S DOB: _____

CHILD'S CIN #: _____ Month _____, 20____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time In																															
Time Out																															
Time In																															
Time Out																															
TOTAL:																															

Parent's Signature: _____ Date _____ Please print parent name _____

I declare under penalty of perjury, pursuant to Penal Law section 210.45, that the above information is true and correct, and I also understand that the submission of this attendance sheet to Erie County by any person who knows this attendance sheet to contain false information, constitutes the additional crime of Offering a False Instrument for Filing in the first degree (Penal Law Section 175.35).

This attendance sheet is submitted to Erie County for the purpose of verification of day care services provided on the days indicated. I understand that I may be required to repay any overpayment resulting from false or incorrect information, and that I may be prosecuted for Larceny or attempted Larceny for knowingly submitting any such false information on this document. As the provider, I further authorize the deduction of all family fees from any amount otherwise owed me. Should there be a discrepancy in amount the County believes is due and payable, only the amount the County believes accurate will be paid. Further, in the event the provider owes money to Erie County, the provider's signature authorizes the County to withhold such amounts from his/her check until paid. I further understand that the knowing submission by the provider of any false information in this attendance sheet entitles Erie County to immediately and permanently cancel its daycare contract with this day care provider. I further understand that if the provider is billing for any services that are rendered for daycare services provided beyond the limitations imposed by my agreement with Erie County, that I am not entitled to any reimbursement for provided services.

Failure to have the parent or guardian sign this attendance sheet after services have been provided will result in the provider not being paid.

Provider's Full Signature and Date

Provider's License Number/Social Security Number
B-5184 Rev 03/13 (Front)