SDACE DROVIDED FOR	ADDITIONAL CHILDREN ON	Erie County Departme	ent of Social Services		Re-bi	lling must be within <u>3</u> mont	ns of original payment
	OF THIS SHEET	95 Franklin St. Bu			VENDOR #		
		VOUCHER (WEB) R	RE-BILLING FORM	Τ	 		
VOUCHER#	CHILD'S NAME	CHILD'S CASE #	CHILD'S CIN #	SERVICE PERIOD	AMOUNT	NEW AMOUNT	RE-BILLING REASON
IN ERROR	CITIED 3 TV/TVIE	CHIED 5 CASE II	CITIED 3 CITY II	JERVICE I ERROD	RECEIVED	REQUESTED	NE BIELING NEAGON
						·	
	CERTIFICATION SECTION INSTRUCTIONS				CERTIFICATION SE	CTION - PART A	
CHILD CARE IN (CLIENT'S HOME- Client or relative must sign and date the certif	fication in PART A .		The recipient(s)	named on this vou	cher is/are authorized to re	ceive
The Vendor (DC Prov	ider) must sign the certification in PART B and write his/her social	security number in the space provided.		supplies or se	rvices in the kind a	and amount specified	
CHILD CARE IN \	/ENDOR'S HOME - Vendor (DC Provider) must sign and date to	he certification in PART B					
and write his/her so	cial security number and license or certification number in the space	ce provided.					
CHILD CARE/DA	Y CARE CENTERS - Must complete the certification in PART B	and enter the license		Signature of Recipient or Rela		DATE	
or certificate numbe	r of the facility.			(To be signed in the presence of V	vendor)		
All other Vendors mu	sst complete the certification in PART B		 CERTIFICATION SECTIO	IN DADT D			
Loortify that the comic	os itamizad baya in fact base furnished, that the am				and novement of food on	d rates made in accordance with a	stablished sabadulas is appointed as
	es itemized have in fact been furnished; that the am services provided; that there has been compliance						
necessary to disclose f	ully the extent of care, services and supplies provide	ed to individuals under the New Yorl	k State program will be kept,	and information will be fur	nished regarding paym	nent claimed thereof as the local S	ocial Services Agency or the State
	ervices may request; and that the vendor understar documents or concealment of material fact.	nds that payment and satisfaction of	f this claim will be from Fede	eral, State, and Local public	funds and that he/she	may be prosecuted under applical	ple Federal and State Laws for any false
ciainis, statements, or	documents of conceannent of material fact.						
			•		VENDOR NAME AND AD	DDRESS:	
AUTHORIZE	D VENDOR SIGNATURE	DATE					
VENDOR (De	C Provider) SOCIAL SECURITY NUMBER	VENDOR LICENSE OR CE	ERTIFICATE NUMBER	•			

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

DIRECTIONS FOR COMPLETION OF THE ATTENDANCE SHEET (B-5184 Rev. 03/13)

Using the information on the accompanying voucher/roster, you need to enter the following information on the reverse side of this form (B-5184):

>Vendor name >Vendor number >Voucher/roster number >Vendor phone number

>Child's name, date of birth, CIN number

Below the child's name is a chart reflecting the days of the month. Please mark CLEARLY the appropriate TIME IN and TIME OUT for each child every day, indicating an "A" for AM and a "P" for PM. Time in and time out are required for each child on a daily basis. If you are making a claim for any absences, you must insert "A" on the attendance sheet for that day, also total # of hours for the absent day. You must also submit an excuse signed by the parent/guardian. Place an "X" for any other day in which no Child Care services were provided.

TWO SIGNATURES ARE REQUIRED ON THE ATTENDANCE SHEET – THE PARENT/GUARDIAN AND THE PROVIDER. NO PAYMENT WILL BE MADE WITHOUT BOTH SIGNATURES. The voucher/roster must be signed by the vendor and returned with the signed Attendance sheet AFTER THE 1ST OF THE MONTH FOLLOWING SERVICE. Voucher/rosters and attendance sheets not filled out completely or correctly, will be returned to the vendor to be completed and resubmitted. Please note that voucher/rosters and attendance sheets must be submitted NO LATER THAN 60 DAYS AFTER THE LAST DAY OF THE MONTH OF SERVICE. According to the Office of Child and Family Services, providers are required to maintain attendance records for six (6) years.

If no child care services are provided for a child listed on the voucher/roster, return the voucher/roster indicating such.

PAYMENT FOR CHILD CARE CAN ONLY BE PROVIDED WHILE THE PARENT IS AT WORK OR ENROLLED IN AN APPROVED WORK ACTIVITY.

If you have any further questions regarding the child care payment process, please call the Accounting Department at 858-6557.

Please return COMPLETED vouchers/rosters and attendance sheets to:

Erie County Department of Social Services, Room 426 95 Franklin Street Buffalo, NY 14202

B-5184 (Rev. 3/13) Reverse

ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES CERTIFIED CHILD CARE ATTENDANCE SHEET

VENDOR.											VOUCH	HER/ROS	STER#_						***PL	**PLEASE FILL OUT IN BLUE/BLACK INK ONLY***						**					
VENDOR #:					_						PHONE	E#:																			
																			CHILD'	S SCHO	OL DIS	TRICT									
1.) CHILD'S	NAME: _							_	CHILD'S	S DOB: _									CHILD'S	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						26	27	28	29	30	31	
Time In																															
Time Out																															
Time In																															
Time Out																															
TOTAL:																															
2.) CHILD'S		<u>AKENI</u>	<u>5:</u> 51G	NATUR	KE & S	СНОО	IL DIS	IRICI	CHILD'S		OR AL	-L CHI	LDKE	N					CHILD'S	S SCHOO S CIN #:	<u>L DISTR</u>	<u>ICT</u>					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		-00	29		31
Time In										1	1				_										20	27	28		, 20		
																		.0							20	20	27	28			
Time Out																		.0							20	20	21	28			
Time Out																									20	20	21	28			
Time Out Time In																										20	21	28			
Time Out																									10	20	21	28			

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)	