

CHILD CARE PAYMENT INQUIRY FORM

Please do not send in this form unless 1) You have already attempted to resolve your problem through the Hotline, **AND** 2) Your payment has been delayed more than one month (ex. Do not send this form in October unless you are missing a payment for August or earlier.)

DATE: / /

RETURN TO: Child Care Support Services 109 East
16th Street, 3rd Floor New York, NY
10003 Fax #: (212) 835-8253 or (212)
835-8252

PARENT'S NAME	CHILD/REN NAMES	START DATE OF CARE
	1	
PA CASE NUMBER:	2	
ACCIS CASE NUMBER:	3	
DAY TIME TELEPHONE NUMBER:	4	

Attach page(s) for additional children.

PROVIDER/PROGRAM INFORMATION:

NAME: _____

PROVIDER/
PROGRAM ID #: _____

DAY TIME TELEPHONE # _____

PROVIDER ADDRESS: _____

OTHER COMPLAINT(S): _____

PREVIOUS REQUESTS

CALLED CHILD CARE HOTLINE AT 212-835-7610	SPOKE WITH CHILD CARE STAFF
Date:	Date:
Time:	Time:
Operator's Name:	Staff Person's Name:
Results:	Results: