Child Care Council of Westchester, Inc.

Dedicated to optimizing the quality of life for children and working families

HEALTH CARE CONSULTANT SERVICES PROGRAM AGREEMENT

Name: _____

Organization: _____

Address: _____

City / State / Zip: _____

Phone #: _____ Fax: _____ Email: _____

Modality: (Please check one)	**License Renewal Period**	**Name of Licensor / Registrar**	**License / Registration #**
☐ Family Child Care Provider	_____	_____	_____
☐ Group Family Child Care Provider	_____	_____	_____
☐ Child Care Center	_____	_____	_____
☐ School Age Child Care Program	_____	_____	_____

Services Provided:

- Assistance in developing a health care plan that reflects program specific needs
- Provide supplemental resource & reference materials
- Review and approval of the entire health care plan and other documents related to the program's medication administration policy
- Assistance with developing medication procedures for your site
- At least one site visit with follow-up consultation
- Up to 2 hours of technical assistance in health related issues

Fee schedule: (Please check one according to modality)

☐ Family Child Care Provider - $50
☐ Group Family Child Care Provider - $ 75
☐ Child Care Center - $150
☐ School Age Child Care Program - $150

- **All fees are to be submitted with completed agreement and are non-refundable.**
- **This Agreement must be renewed each Licensing / Registration period.**

Method of payment: ☐Check:_____

☐ Credit card: Visa / Master Card (Please circle one)

Account #: _____ Expiration date: _____

Signature: _____

_____	_____	_____
Applicants Name (Printed)	**Signature**	**Date**
_____	_____	_____
Health Care Consultant	**Signature**	**Date**

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Member Agency – United Way of Westchester and Putnam, Inc.