



Contact Information - License Information - Hours of Operation - Rate Schedule

If you provide more than one type of care, please complete a separate sheet for each type.

Business/Center Name _____

CCFS/License # _____ *Type of Care _____ Vendor # _____

Address of Care _____

City _____ State _____ Zip Code _____

Phone # _____ Are you a Contracted Provider? Yes No

*DCC-Day Care Center / GFDC- Group Family Day Care / FDC- Family Day Care / SACC-School Age Child Care Program

Primary Contact

Full Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone # _____ Cell # _____

Hours of Operation (Example M-F 7:30AM-5:45PM): _____

Rate Schedule

Rate & Age

	Under 1 ½ Years	1 ½ to 2 Years	2 to 3 Years	3 to 5 Years	6 to 12 Years
*1/2 Day Rates					
**Daily Rates					
***Weekly Rates					

- * The LSSD must apply the part-day market rate when child care services are provided for less than six hours per day.
- ** The LSSD must apply the daily market rate when child care services are provided for less than 30 hours over the course of five or fewer days in a single week and for at least six but less than 12 hours per day.
- *** The LSSD must apply the weekly market rate when child care services are provided for 30 or more hours over the course of five or fewer days in a single week.

Completed by _____ Date _____

HOW TO COMPLETE THE VENDOR DATA PROFILE FORM

- ✓ **ALL FIELDS MUST BE COMPLETED.**
- ✓ ONE form per site location.
- ✓ ONLY complete the form if you have not previously submitted one or you are changing your rates.
- ✓ Business / Center name is the name on file with the enrollment agency.
- ✓ Your license number is the number assigned to you by the enrollment agency.
- ✓ Your type of care should match what is on the reverse side of this form. If it does not, then you may have the wrong form.
- ✓ Your vendor number is the number assigned to you by Westchester County. You cannot be paid before this number has been assigned to you. If you do not have one, please also submit a W-9 form. You can obtain a W9 form from this link. <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.
- ✓ The address of care is where you provide care for the child(ren).
- ✓ Answer yes or no to the question “Are you a contracted provider?”.
- ✓ Primary Contact: Enter information of the individual in your program you would like DSS to contact with questions.
- ✓ Hours of Operation are the hours that you have been approved to care for children by the enrollment agency. Enter hours in which children are in care, this should include extended hours.

RATE SCHEDULE

- ✓ **DO NOT LEAVE ANY BOX EMPTY.**
- ✓ Every box must have a rate (½ day, daily, weekly).
 - ✓ If you do not enter rates in each box, **DSS will not be able to calculate your payments.**
 - ✓ If you do not charge a rate in this manner, calculate a rate based on what you charge.

EXCEPTIONS

- ✓ Not Applicable (N/A) can **ONLY** be used in age groups that you are **not licensed / registered to provide care.**
- ✓ You must attach your rate sheet distributed to parent.

CONTRACTED PROVIDERS

- ✓ Rates **must** reflect the rates you charge.
- ✓ Be sure to check off that you are a contracted provider.