

## 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: