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Child Care Co-Payment Agreement Form

Ohio Administrative Code 5101:2-16-39 (H) requires Child Care providers to establish a written agreement for payment of the co-payment and fees, signed by the provider and caretaker. Providers must retain the original form in their records and submit a copy to HCJFS only when advising HCJFS of the consumer's non-payment of fees.

Caretaker:	Provider:
Address:	Address:
Telephone:	Telephone:

I, _____, agree to pay the assigned weekly co-payment (fee determined by HCJFS) to the provider. The due date for payment is:

Failure to pay the co-payment by the agreed upon date, will result in notifying the HCJFS of the delinquent co-payment and possible termination of services.

The signatures below signify agreement with the statements above.

Signature of Caretaker:	Date:
Signature of Provider:	Date:

 If the consumer's co-payment fee is delinquent more than ten calendar days from the due date established in this written co-payment agreement, submit a copy of this document and the HCJFS 4671 – Delinquent Fee Form by fax or mail to:

Hamilton County Job & Family Services
 Child Care Department
 222 E. Central Parkway
 Cincinnati OH 45202
 Fax: 513-946-1830



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Cincinnati Voucher Agreement

Please read the following policies for families using vouchers and the Ohio ECC swipe card system for Child Care.

Your responsibilities in this process are as follows:

- You are responsible for paying your parent fee as designated by Hamilton County Department of Job and Family Services. The fee must be paid no later than 6 p.m. on Friday prior to the week of service.
- You are responsible for your card and your pin numbers.
- You are responsible for swiping your child in and out **each** day.
- If you miss a swipe, you are responsible for doing a previous swipe and correctly recording the time your child arrived/departed within 3 days.
- You are responsible for telling your child care caseworker if you change your address or phone number.
- It is your responsibility to call your caseworker and add the site as an authorized provider before your child attends the program. For off-site programs, add as the YMCA at the site/school name.
- If you receive an error or denied message when swiping your card, it is your responsibility to notify a child care staff member immediately.
- For full-time programs (camp and preschool), if the child does not attend at least 25 hours and does not have absences left to reach the 25 hour minimum, the family must pay the difference between the part time and full time rate for that week.
- For part time programs (before and after school), if the child does not attend at least 7 hours and does not have absences left to reach the 7 hour minimum, the family must pay the difference between the hourly rate and the part time rate for that week.

I, _____ (print name), have read and understand my responsibilities in regards to the Ohio ECC Swipe Card System.

Signed _____ Date _____