

YMS Management Associates Inc.

**PO Box 968
Peck Slip Station
New York, NY 10272-0968**

Terms and Conditions for ACS Child Care Payments

Dear Child Care Provider:

YMS Management Associates, Inc. (YMS) has been informed by the City of New York Administration for Children's Services (ACS) that you are enrolled as a child care provider in the Agency's child care system. YMS assists ACS by serving under a city contract as the child care payment agent.

Ordinarily, your organization will become entitled to a child care payment, once ACS has processed your monthly child care attendance information. ACS will offer training, instructions, and special forms for preparing the information.

Child Care payments will be issued by YMS. Errors, underpayments, and overpayments will be corrected by YMS, upon instructions received from ACS. Neither this letter nor this payment arrangement will make you or your organization an employee, contractor, or subcontractor of YMS or ACS.

YMS's only responsibilities to child care providers are the payment responsibilities described in this letter. The Agency's child care program's local policies and procedures are developed, issued, and enforced by ACS. YMS is not authorized to make any change or exception. YMS cannot respond to questions, suggestions, or complaints involving the Agency's child care program. Letters and all other correspondence and communications involving policies and procedures, or questions, suggestions, and complaints, should be submitted directly to ACS.

Please indicate your understanding of this letter, by signing and dating below. You may make a photocopy of the form for your records. Return the original completed forms to YMS at the above address. If you have any questions, you may call the ACS ECE Call Center at 212 835-7610, in regard to your children.

Before you can be paid you must complete this letter and the enclosed IRS Form W-9, and return the same to the address at the top of this form.

ANY CHILD CARE PROVIDER WHO KNOWINGLY COMMITS FRAUD AND/OR FALSIFIES ANY DOCUMENTS RELATED TO THIS PROGRAM WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

Provider ID Number: _____ SS/EIN Number: _____

Last Name (print): _____ First Name (print): _____

Address: _____

Date Signed: _____ Signature: _____