



**SCHUYLER COUNTY**  
**DEPARTMENT OF SOCIAL SERVICES**  
Human Services Complex  
323 Owego St, Unit 3  
Montour Falls, NY 14865  
(607) 535-8303

**William J. Weiss**  
Commissioner  
  
**Beverly K. Clickner**  
Deputy Commissioner

**CHILD CARE REPORTING NOTICE**

I clearly understand that **I MUST REPORT THE FOLLOWING CHANGES** in writing to the Child Care Unit within ten (10) days:

- **Any and all sources of income.**
- **Any change in household composition or marital status. This would include persons moving into or out of the household; the birth of a baby; marriage, separation or divorce.**
- **Any change in address.**
- **Any change in childcare arrangements, including where care is provided, who is providing childcare, provider fees, and hours for which childcare is needed.**

I understand that my failure to report any of the aforementioned changes could result in receipt of childcare benefits to which I am not entitled, thereby causing possible fraud which could result in legal action against me. This department will refer all cases wherein reasonable grounds are believed to exist that fraud was committed to the appropriate District Attorney or other prosecuting official.

I have read and fully understand the above affidavit. My childcare subsidy worker has answered any questions I may have had. I understand that the law provides for fine or imprisonment or both for a person found guilty of obtaining childcare assistance by hiding facts or not telling the truth.

\_\_\_\_\_  
Applicant / Recipient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse / Other Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date