



City of Green River  
City Council Meeting  
Agenda Documentation

Preparation Date: August 22, 2016	Department: Human Resources
Meeting Date: September 6, 2016	Department Head: Cari Kragovich
	Presenter: Consent Agenda

**Subject:**

*Approval of the AmeriCorps Caregiver Application for payment of services for eligible dependents of VISTA members in the Green River After School Program (GRASP).*

**Background/Alternatives:**

*The Governing Body previously approved an individual agreement for eligible dependents of a specific VISTA that included this same application in May 2014. Approval of this agreement will allow the same services and direct payment to the City by AmeriCorps to be provided for eligible dependents of any VISTA serving in our community.*

**Attachments:**

*AmeriCorps Caregiver Application*

**Fiscal Impact:**

*Direct payment by AmeriCorps for a program that brings in revenue to the City through the Parks & Recreation Department*

**Staff Impact:**

*Minimal*

**Legal Review:**

*Sent to City Attorney Galen West for review on August 22, 2016.*





## PROVIDER RESPONSIBILITIES AND CERTIFICATION

1. Provider will continue to meet all minimum requirements set by the state and agrees to comply with all AMERICORPS CHILD CARE policies necessary for reimbursement.
2. Provider will notify AMERICORPS CHILD CARE immediately when a child stops receiving care. It is understood that any parent must be given access to his/her child(ren) at any time during care hours.
3. Provider will mail the monthly coupon/attendance sheet **NO LATER THAN the seventh (7th) day** of the month following care or upon termination of care (if care stops before the end of the month). **PLEASE NOTE:** Reimbursement may be delayed if the attendance sheet is postmarked later than the 7<sup>th</sup> day of the month following care. In addition, 24-hour or overnight care **may not** be legal in all states.
4. Provider will not charge a higher fee for children of AMERICORPS Members than for the same service to the public. **NOTE: Failure to adhere to this policy will result in provider being required to refund overpayments and in cancellation of this and future payments from AMERICORPS CHILD CARE.**
5. AMERICORPS CHILD CARE will not pay additional fees for registration, late, transportation, meals, snacks, trips (ie., fieldtrips, etc.) or any other miscellaneous fees. Provider shall collect any such fees directly from the Member.
6. Provider agrees to repay AMERICORPS CHILD CARE any money received for which services were not provided.
7. Provider agrees to notify AMERICORPS CHILD CARE at least fifteen (15) calendar days before ending childcare services. **NOTE: In cases of emergency please notify AMERICORPS CHILD CARE immediately (855) 886-0687.**
8. I understand that my payment will be based on this completed voucher once received by AMERICORPS CHILD CARE staff.
9. I further understand that any misrepresentation of information may result in legal action.

The Member has chosen you to provide childcare services. Prior to reimbursement, you must first provide all information requested on the front of this form, be determined a legal provider in your state, and the member must be determined and remain eligible to receive benefits through.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## AMERICORPS CHILD CARE RESPONSIBILITIES

1. AMERICORPS CHILD CARE is responsible for coordination of childcare payments and other related support services as necessary to the children and families served under this agreement.
2. AMERICORPS CHILD CARE will pay only **licensed and regulated** providers for federal holidays and school vacations. AMERICORPS CHILD CARE will also pay **licensed and regulated providers** for up to five sick/no-care days per month. Excessive absences may require formal documentation (i.e., doctor's note).
3. AMERICORPS CHILD CARE will not pay more than one provider, for the same child (ren), for the same period of care.

## PARENT RESPONSIBILITIES AND CERTIFICATION

I [the member] understand that:

1. Childcare benefits for which I am eligible are based on my income, family size, age of child(ren), the provider's location, and the type of child care I select and that if there are any changes to my situation, **I must make both my State Program Officer and AMERICORPS CHILD CARE aware of those changes.**
2. I agree to complete the necessary documents (i.e., childcare coupons) on a timely basis, to ensure the provider may receive timely reimbursement.
3. I agree to submit proof of my continued eligibility for this program when requested.
4. I agree to notify AMERICORPS CHILD CARE at least fifteen (15) calendar days before ending childcare services. In cases of emergency please notify AMERICORPS CHILD CARE immediately (855) 886-0687.
5. I further understand that any misrepresentation of information may result in legal action.
6. I understand that the provider indicated on page 1 of this form must meet all state requirements to provide childcare services, and that AMERICORPS CHILD CARE is under no obligation to begin reimbursements before the provider has been determined legal.

I have read this agreement and understand that failure to comply with the terms of this agreement may result in the termination of my childcare benefits.

\_\_\_\_\_  
AMERICORPS Member's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date





## PROVIDER RATES

- The rates listed below are the true and correct rates that I charge all parents for the care of their child (ren).
- I understand that AMERICORPS Child Care cannot pay me more than I charge private pay clients.
- I also understand that AMERICORPS Child Care cannot pay me more than the maximum rate(s) as established by the Child Care & Development Fund for my state.
- The rate specified is the charge for normal provision of childcare services.
- I understand that I must notify AMERICORPS Child Care at least 15 (fifteen) days prior to any rate change in order for the new rate to be honored.
- I understand that AMERICORPS Child Care cannot pay fees or charges for registration, transportation, meals, late pick-up, early withdrawal, or any other miscellaneous fees or charges.
- I also understand that in any of the above cases, the parent is responsible for such fees and/or charges.
- I understand that program or policy violations will result in having to repay money to AMERICORPS Child Care and/or suspension from future participation in the AMERICORPS Child Care childcare subsidy program.

**Please list the rates that you charge per child. If you are a licensed provider please attach a copy of your rate sheet. The rates will still be negotiated by AMERICORPS Child Care.**

AGE GROUP	FULL TIME WEEKLY	PART TIME WEEKLY	*24 HOUR/ OVERNIGHT (DAILY)	*"SPECIAL NEEDS" WEEKLY
UNDER 2 ½				
2 ½ - SCHOOL AGE				
SCHOOL AGE - 12				

**\*Not reimbursable in all states.**

I hereby certify the above information is true and correct.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

(If licensed or registered, this must be signed by Owner or Authorized Agent of Owner)