

What is the Health and Safety Rebate Program?

The Health and Safety Rebate Program is a reimbursement program designed to offset some or all of the expenses related to taking the 15-hour Health and Safety Training for Family and Group Family Day Care Providers. The New York State Child Day Care Regulations require new Family and Group Family Day Care providers to complete this training successfully before they can be registered or licensed. Providers changing modality (moving from a Family program to a Group program or the reverse) or changing program location may also be eligible if they were licensed or registered prior to the enactment of the Quality Child Care Prevention Act in 2000 and have never taken Health and Safety Training before.

Am I eligible?

You ARE eligible for a Health and Safety Rebate if ALL of the following statements are true:

1 – This is your first license or registration and you are listed as the on-site provider on your program's license or registration; or you are receiving a new license or registration due to a change in modality or program location and you have not previously taken Health and Safety training.

2 – You have paid for and successfully completed the Health and Safety Training from a certified Health and Safety Trainer. A listing of Health and Safety trainers is available at:
www.ecetp.pdp.albany.edu/findtrainers.shtm

3– You are submitting the required application and supporting documentation to the Health and Safety Rebate Program within 60 days from your registration or license issue date. Applications received after 60 days will not be accepted.

What are the next steps?

Applicant

- ➔ Complete the attached Health and Safety Rebate application.
- ➔ Complete the attached IRS Form W-9.
- ➔ Ask your trainer/training organization to complete the receipt box or attach the original receipt.

Professional Development Program

- ➔ All documents received will be reviewed by a trained specialist. If the application is completed correctly and is received within 60 days of the receipt of your registration or license, you will receive your rebate approximately 10 weeks from the date your application is received.
- ➔ If your application is incomplete and/or information is missing, all documentation will be sent back to you. You will have an additional two weeks to resubmit your completed application.



Directions for Child Care Providers

Please print all requested information on the enclosed application page.

Provider Information:

The provider information must be that of the on-site provider as listed on the registration or license. Complete the first and last name fields. The Social Security number of the on-site provider is needed for financial processing.

Program Information:

Your NYS OCFS License/Registration ID can be found on the license or registration issued to you by the New York State Office of Children and Family Services. The date your program was first licensed or registered will also be found on your license or registration.

Receipt:

You can have the trainer/training organization complete the receipt section of the application or attach the original receipt issued to you by the trainer for payment received.

Attestation:

After reading and agreeing to the attestation, check the appropriate checkbox representing your citizenship status and sign the form. Unsigned forms will be returned.

IRS Form W-9:

The IRS Form W-9 can be found on the back of the rebate application and must be completed in order to issue payment. Instructions are location on the top of the W-9.

Mail Application/W-9 Form to:

**Professional Development Program
H&S Rebate
22 Corporate Woods Blvd., 3rd Floor
Albany, NY 12211**



Health and Safety
Training



PROFESSIONAL DEVELOPMENT PROGRAM
ROCKEFELLER COLLEGE UNIVERSITY AT ALBANY, STATE UNIVERSITY OF NEW YORK
Health and Safety Family and Group Family Rebate Program

REV 01/2009

Provider Information: _____

First Name Last Name

Phone Number Social Security Number

NYS OCFS License/Registration ID First Licensed Date

Training Information: _____

Training Start Date Approved Health and Safety Trainer Name Trainer Seal No.

Receipt: _____

Receipt #: _____ Amount Received: \$ _____ Date of Payment: _____

Provider Name : _____

Received for: **Health and Safety Training: Competencies for Becoming a Family or Group Family Day Care Provider (or equivalent training)**

Signature of person receiving payment: _____ representing

Training Organization/Certified Trainer: _____

Attestation: _____

I hereby attest that the information provided is true and accurate. I understand that I cannot receive more than the receipted amount or \$235, whichever is less. I am a first year family or group family child care provider required by the New York State Office of Children and Family Services child day care regulations to obtain pre-registration Health and Safety Competency Training **OR** I am a family or group family child care provider who was registered/licensed before pre-registration Health and Safety training was required, but am now required to complete Health and Safety training due to a change of address of modality of care. I have paid for, received and completed the Health and Safety Competency Training or an approved equivalent. I understand that rebates may be considered taxable income. I am solely responsible for complying with all federal, state and local requirements regarding reporting and payment of taxes.

Yes No Are you a U.S. Citizen, Permanent Alien, or Resident Alien authorized to work in the U.S.?

Any fraudulent means of receiving or accepting this rebate amount may result in the return of the funds and/or additional fines.

This rebate offer will expire 60 days after the issue date of the provider's Registration/License.

Signature of Provider : _____

(Original Signature Required)

(Date)



Turn over. You must complete the other side of this form to obtain a rebate.



For EIP Unit Use Only:

Date received for processing:



Instructions for Completing Form W-9

Please complete the W-9 as follows. Visit www.irs.gov if you need additional information to complete this form.

- **Name OR Business Name:** Fill out either line but not both. This is how your check will be printed. If you have a legal business name and can cash checks written payable to that name, fill in the Business Name. Otherwise, only complete the Name line.
- **Check appropriate box:** Mark Individual/Sole proprietor if you do business under your own name or an official DBA. Mark Corporation, Partnership or Limited liability company if you have filed legal papers to operate with this designation.
- **Address:** Print your mailing address. This is where checks will be sent.
- **Taxpayer Identification Number (TIN):** If you checked Individual/Sole proprietor, fill in your Social Security number. If you checked Sole proprietor, Corporation, Partnership, Limited liability company or other, fill in your employer identification number.
- **Sign Here:** Provide your original signature and date the form. Your payments cannot be processed without an original signature.

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	<h3>Request for Taxpayer Identification Number and Certification</h3>	Give form to the requester. Do not send to the IRS.
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	Professional Development Program Health and Safety Rebate 22 Corporate Woods Blvd. 3rd Floor Albany, NY 12211
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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