What is the MAT Rebate Program?

The MAT Rebate Program is a reimbursement program designed to offset some of the expenses related to taking the Office of Children and Family Services (OCFS) approved MAT course. Rebates are available for up to $100 per provider for the MAT classroom course or up to $70 for the MAT Independent Study course or Online Renewal with Skills Competency. Rebates are available once every 33 months.

Am I eligible for a MAT Rebate?

You ARE eligible for a MAT Rebate if the following statements are true:

You are employed at a New York State OCFS or New York City DOHMH registered/licensed child care program.

And

You have paid for and successfully completed the MAT classroom course, Independent Study course or Online Renewal with Skills Competency provided by an approved MAT trainer. A listing of approved MAT trainers is available at: www.ecetp.pdp.albany.edu/findtrainers.shtml

And

You are submitting the required application and supporting documentation to the MAT Rebate Program within 60 days of completing the MAT classroom course, Independent Study course or Online Renewal with Skills Competency. Applications received after 60 days will not be accepted.

And

A MAT payment has not been made on your behalf in the past 33 months.

OR

If you are a legally exempt child care provider serving children whose child care is being funded through public child care subsidies.

What are the next steps?

Applicant

► Complete the attached MAT 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 completion of the MAT classroom course, Independent Study course or Online Renewal with Skills Competency, 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 an employee of the Child Care Program listed that took the MAT course. Complete the first and last name fields.

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.
Directions for Child Care Providers (continued)

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. The provider listed on the top of the application must provide a signature in this section. 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. Complete the W-9 with your name, mailing address and social security number. Payment will be sent to the mailing address listed on the W-9.

Directions for Child Care Centers/Employers

Provider Information: The provider information must be that of an employee of the Child Care Program listed that took the MAT course. Complete the first and last name fields.

Program Information: Your NYS OCFS License/Registration ID can be found on the license or registration issued by the New York State Office of Children and Family Services.

Receipt: The receipt must show that the center or employer made payment on behalf of the provider listed for the reimbursement to be issued to the center/employer. Either the trainer/training organization completes the receipt section of the application for each provider or an attached original receipt issued by the trainer for 1 or multiple providers may be submitted. If you have 1 receipt for multiple providers that is acceptable if mailed at the same time.

Attestation: After reading and agreeing to the attestation, check the appropriate checkbox representing the provider’s citizenship status and have the provider 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. Fill this form out as payment is to be made. Complete either Business Name or Individual name, list your mailing address where payment will be sent along with the appropriate Tax Identification Number (TIN).

Directions for Legally Exempt Providers

Provider Information: The provider information must be that of the legally exempt provider that provides care for a child that is funded through public child care subsidies. Complete the first and last name fields.

Program Information: Please enter the name of the case worker assigned to the child you provide care for.

Receipt: You can either 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. 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 located on the top of the W-9. You should list your mailing address as this is where payment is sent.

All completed applications including a W-9 must be mailed to:

Professional Development Program
MAT Rebate
22 Corporate Woods Blvd., 3rd Floor
Albany, NY 12211
Provider Information:

First Name

Last Name

Phone Number

NYS OCFS or DOH License/Registration ID

Social Security Number

Training Information:

☐ Classroom Course

☐ Independent Study

☐ 3rd Online Renewal with Skills Competency

Training or Skills Competency Completion Date

Approved MAT Trainer Name

Trainer Seal No.

Receipt:

Date: ____________________________

Receipt #: ________________________

Payment for: ____________________________

(Dollar amount provided above)

Dollars$: ________________________

Paid by: ____________________________

(Name of person or organization that paid)

Name of Individual receiving payment: ____________________________

Representing Center / Training Organization (if applicable): ____________________________

Received for: Medication Administration Training: Classroom Course, Independent Study or Skills Competency.

Attestation:

I hereby attest that the information provided is true and accurate. I understand that I cannot receive more than the receipted amount or $100 for the MAT classroom course or $70 for the MAT Independent Study, or $70 for 3rd Online Renewal with Skills Competency whichever is less. I confirm that the trainer listed is an approved trainer. I agree that I will provide additional documentation upon request. I understand that I am not eligible for reimbursement without successful completion of the MAT course. I do hereby attest that upon completing all requirements to administer medication, the provider listed will be designated as a medication administrator for the program listed on this application. 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.?

This rebate offer will expire 60 days after successful completion of the MAT Course or Skills Competency.

Authorized 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: ____________________________
Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
- Individual/sole proprietor
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)
- Exempt payee

Other (see instructions)

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requester’s name and address (optional)

Professional Development Program
MAT Rebate
22 Corporate Woods Blvd., 3rd Floor
Albany, NY 12211

Part I 
Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the “Name” line 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

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.

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners’ share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.