



Email completed form to childcareinfo@dc37.net | Questions? Call (212) 815-1100

Child Care Reimbursement Form- Licensed Provider

Parent Name: _____
SSN (Last four digits): _____
Mailing Address: _____
Title: _____ Local: _____
Agency: _____
Telephone: _____ Personal Email: _____
Child's Full Name: _____ Date of Birth: _____

If your child is not already enrolled in DC 37 Health and Security plan as a dependent, we recommend you add the child. Otherwise please include a copy of the birth certificate.

Payment Information for Licensed Provider Child Care Services

Includes Child Care Center, Group Family Day Care, Summer Camp or After School Program*

| Dates of Service: | Name of Provider: | Amount Paid: |
|-------------------|-------------------|--------------|
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** Reimbursement Not to Exceed \$500 Per Year
Reimbursements are limited to children under the age of 13*

Attach supporting documentation via email showing payment for covered child care expenses (for example: cash receipts, paid invoices, cancelled checks, or credit card statements). Any receipts must show the provider's Tax ID number.

Optional - Are you interested in applying for subsidized care through NYC or NYS?

Please check one **Yes** **No**

Total Annual Family Income: \$ _____

Total Family Size: _____

DC 37 Child Care Trust Fund, 125 Barclay Street, 7th floor, NY, NY 10025



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Eligibility

Claims must be submitted to the Fund no later than one (1) year from the date of service. Only claims that occur after 10/1/25 will be reimbursed. You are eligible for a new reimbursement one year after the first payment.

You must be an eligible covered beneficiary in a Mayoral Agency, Department of Education, Health and Hospitals, NYC Housing Authority, Cultural Institution, NY Public Library, Brooklyn Public Library, Queens Public Library or Elected Official Office. Employers that are covered by the 2021- 2026 Economic Agreement are covered agencies.

Excluded agencies are NYC Transit Authority, NYC School Construction Authority, NYS Courts, NYS Rent Unit, Prevailing Rates, EMS and non-profit units.

Acknowledgement

I affirm that the information submitted on this form and provided in connection with my claim for child care reimbursement benefits is true and accurate and hereby agree to indemnify and make whole the DC 37 Child Care Trust Fund, its successors and/or assignees against any and all liability and/or loss arising as a result of my providing any false or misleading information to or the concealment of any pertinent material information from the Fund.

I understand and acknowledge that any failure to provide complete and accurate information may result in the delay or denial of my benefits. I understand and acknowledge that the DC 37 Child Care Trust Fund reserves the right to request any additional information deemed necessary to make a determination with respect to my claim.

Signature: _____ **Date:** _____

*Save your form and email completed pdf form with receipts to childcareinfo@dc37.net
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