

Promise NYC

Enrollment Verification

NMIC needs the following information to issue payments to you as a child care provider. You can submit this enrollment verification, your W-9, and any other paperwork to NMIC by any of these methods:

- Return them to the parent/guardian who will bring it to us. **This is the recommended option** and will allow NMIC to approve payments fastest because there will be no need for us to separately contact the parent/guardian to confirm enrollment.
- Drop them off with us at one of our offices:
 - 45 Wadsworth Avenue in Manhattan (available weekdays from 9 am to 5 pm)
 - 8 Clinton Place in the Bronx (available Tuesdays and Thursdays from 9 am to 4:00 pm)
- Email a scanned copy or clear picture of the documents to us at PromiseNYC@nmic.org
- Text us at 929-415-3999 or email us at PromiseNYC@nmic.org to request a secure link (by text or email) to use to take clear pictures of the documents with your phone to submit.

If you have any questions about this application, documentation requirements, or the program in general, you can contact NMIC directly at 929-415-3999 or PromiseNYC@nmic.org

Provider Information ¹		
Provider Name*		
Address		
Phone	Email	
Contact Name	Contact Title	
Contact Phone (if different from above)	Contact Email (if different from above)	
DOHMH Permit/OCFS Registration ID*	Permit/Reg Expiration Date	Tax ID*
Type of Child Care (Please check one) <ul style="list-style-type: none"> <input type="checkbox"/> NYC DOHMH-licensed Child Care Center – Infants/Toddlers (under 2) <input type="checkbox"/> NYC DOHMH-licensed Child Care Center – Pre School (ages 2-5) <input type="checkbox"/> NYC DOHMH-licensed School Based Child Care <input type="checkbox"/> NYS OCFS Registered Family Day Care Homes <input type="checkbox"/> NYS OCFS Registered Group Family Day Care Homes <input type="checkbox"/> NYS OCFS Registered School Age Child Care Program 		

¹ If you have already completed this form for another child in Promise NYC with NMIC, in this Provider Information section, you only need to complete the 3 fields marked with an asterisk (*) unless other information has changed.

Participating Child Information	
Parent/Guardian Name	
Parent/Guardian Phone #	Parent/Guardian Email
Child Name	Child Care Enrollment Schedule
Child Date of Birth	Mon hours: _____ to _____
Start Date of Child Care	Tue hours: _____ to _____
Cost of Child Care	Wed hours: _____ to _____
\$ _____ * per <input type="checkbox"/> day <input type="checkbox"/> week <input type="checkbox"/> month	Thu hours: _____ to _____
	Fri hours: _____ to _____
	Sat hours: _____ to _____
	Sun hours: _____ to _____

Payment Method ²
Please select <u>one</u> of the following payment method options:
<input type="checkbox"/> OPTION 1: ePayment (this is the preferred payment method and means payments will reach you 4 days faster). Choose <u>one</u> of the following methods to register: <ul style="list-style-type: none"> <input type="checkbox"/> 1A: <i>Self-register at Bill.com.</i> Look for an email with the subject “<i>Promise NYC at NMIC wants to pay you using Bill.com</i>” with instructions to set up your free account to securely add your banking information. <p style="text-align: center;">--OR--</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1B: <i>Submit banking information now.</i> You must provide <u>all</u> the following: <ul style="list-style-type: none"> (1) Bank name: _____ (2) Routing #: _____ (3) Account #: _____ (4) A voided/cancelled check with your routing and account number
<input type="checkbox"/> OPTION 2: Check by mail (please <u>only</u> select if you cannot accept bank transfers; payments will take 4 days longer to reach you by mail and then you will need to deposit them) <p>Check made out to: _____</p> <p>Mailing address: _____</p>

² If you have already completed this form to verify enrollment for another child in Promise NYC with NMIC, and your payment information has not changed, you do not need to complete this Payment Method section again.

Program Requirements

All providers participating in this program must:

- Provide this Enrollment Verification form for each child you want to have participate in this program before they begin care with you.
- Provide a W-9 tax form.
- Charge the same rate, or less, for children participating in this program as you do for other children in the same age range who are receiving the same service.
- Provide a monthly invoice for each child who participated in this program the previous month. Invoices may be submitted by mail to 45 Wadsworth Avenue, New York, NY 10033 or by email (which is preferred) to PromiseNYCInvoices@nmic.org. You are welcome to use your own invoice format if it includes the following information. NMIC has a sample invoice available if you prefer on our website at www.nmic.org/promisenc).
 - Provider Name
 - Provider Tax ID#
 - Provider Address
 - Provider Phone
 - Provider Email (if available)
 - Child Name
 - Child Date of Birth
 - Child Parent/Guardian Name
 - Dates of Child Care
 - Amount to Be Paid
 - Attestation that “The child(ren) included on this invoice currently remain(s) in care and we anticipate they will remain in care through the end of the invoice period. If they exit care at any time, we will notify NMIC within 24 hours by calling 929-415-3999 or emailing PromiseNYC@nmic.org”
- Notify NMIC within 24 hours by calling 929-415-3999 or emailing PromiseNYC@nmic.org if a participating child stops attending childcare with you.
- Repay any voucher overpayment issued after reasonable notice if such a situation occurs.

Next Step Election

NMIC will pay all approved costs for any eligible provider enrolling an eligible family for care at an eligible rate as of the date this Enrollment Verification is completed. As a provider, you can choose to begin providing care immediately or to wait to begin care until NMIC has confirmed your eligibility based on the information on this form. However, if NMIC cannot find you eligible, we will not be able to pay for some or all the care you provide. Based on the information above, please confirm your chosen next step (please choose only 1):

- I would like to begin providing care and billing for this child immediately. Though NMIC will notify me as quickly as possible, **if I am ineligible to receive some or all payments requested, NMIC will not be able to pay those amounts to me.**
- I would like to wait to begin providing care and billing for this child until NMIC confirms I am fully approved by contacting me at the phone, email, and/or mailing address above. I understand this process can take a week or longer depending on how quickly NMIC receives my enrollment package.

Verification

I verify that all information entered on the previous 3 pages is accurate and I will comply with all program requirements, including that I am not charging this child a rate for care higher than that charged to other children in the same program and the rate stated in this form is at or below the rate charged for the same service for other children.

Signature

Date

Print Name