



**CSEA/VOICE
NAFCC ACCREDITATION REIMBURSEMENT
APPLICATION**

Complete this form and mail it to the CSEA WORK Institute, 1 Lear Jet Lane, Suite 5, Latham, NY 12110.
Call the CSEA WORK Institute at (518) 782-4427 or (866) 478-5548 (areas outside the Capital Region) if you have questions about any of the information requested. **You may apply for expenses incurred between 10/1/19-9/30/20. All applications must be received (not postmarked) by September 30, 2020.**

You are eligible if you are a NYS Registered Family or Licensed Group Family Child Care provider outside of New York City.

CSEA ID Number:

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Social Security Number:

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Daycare Registration/License Number: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Daytime Phone: () _____ Ext. _____

Email address: _____

Please check the appropriate box below to identify the expense for which you are seeking reimbursement.

Self-Study Enrollment Fee
(up to \$450)

Application Fee
(up to \$735)

Annual Update Fee
(up to \$240)

Accreditation Package
(up to \$1340)

Co-Provider Fee
(up to \$150)

Relocation Fee
(up to \$75)

Please include a copy of your invoice or receipt showing payment to the National Association for Family Child Care and copy of NAFCC Accreditation (not required for Self-Study).

All the information contained in this application is true and accurate to the best of my knowledge and belief. My signature below indicates that I understand that I am not receiving reimbursement from the CSEA/VOICE Professional Development Training Program nor from the NYS Child Care Educational Incentive Program (EIP) for the same expenses for which I am requesting reimbursement. I understand that I must repay the monies if I, in any way, provide false information.

Signature: _____ Date: _____

