



CSEA/VOICE NAFCC ACCREDITATION VOUCHER 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) 782-4430 or (855) 472-6848 (areas outside the Capital Region) if you have questions about any of the information requested. **You may apply for expenses incurred between 10/1/25-9/30/27. All applications must be received (not postmarked) by September 30, 2027.**

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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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 payment. We will only pay the member fee on your behalf, therefore you are responsible for the NAFCC Annual Membership fee.

<u>Item</u>	<u>Member Fee</u>
Accreditation Application Bundle	\$1085 <input type="checkbox"/>
Self-Study Enrollment Kit	\$385 <input type="checkbox"/>
Accreditation Application	\$615 <input type="checkbox"/>
Co-Provider Fee	\$150 <input type="checkbox"/>
18-Month Update	\$200 <input type="checkbox"/>
Relocation Fee	\$50 <input type="checkbox"/>

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 or seeking reimbursement from the CSEA/VOICE Professional Development Training Program, from the NYS Child Care Educational Incentive Program (EIP), or from any other source of funding for the same expenses. I understand that I must repay the monies if I, in any way, provide false information.

Signature: _____ Date: _____

