

RECEIPT OF YMCA CRS ALTERNATIVE PAYMENT PROGRAM GUIDE

I hereby declare that I have received the Alternative Payment Program Guide. I also declare that I have read the Guide, understand the policies that a parent and provider must follow in order to receive child care subsidies from YMCA CRS, and have been given the opportunity to ask questions. I understand my responsibility to report any changes within five calendar days to my Case Manager or Provider Services Specialist.

The Alternative Payment Program Guide is available online at:
<http://apx.ymcacrs.org> under the documents tab.

I certify under penalty of perjury, the above information is true and correct to the best of my knowledge.

Name

Signature

Please check only one:

- Parent
- Provider

Business Name

E-mail Address

Date

SIGN AND RETURN TO YOUR CASE MANAGER OR PROVIDER SPECIALIST.