

Protective Services - Foster Care Request for Co-Payment

Agency Name: _____

Specialist Name: _____

Provider Name: _____

License #: _____

Rate agreement entered and current in BFIS? Yes No

State Office Use Only:

Date Received: _____

Date Processed: _____

Provider Cert #: _____

Type of Provider: _____

OnBase Document Type - Invoice

Child Development Division Policy Manual ELIGIBILITY CRITERIA - Service Need

The CC Financial Assistance Program will make full payment for child care services delivered to foster children where the FS social worker has determined the need for services. Providers caring for these children may be reimbursed at the provider rate recorded in the Bright Futures Information System (BFIS).

Case ID & Initials	Foster Parent <small>(first initial & last name)</small>	Start Date	End Date	Number of STARS

Please Note:

- A copy of the child care provider’s program fees and payment policies must be submitted with this request.
- All co-payment requests must be submitted when the certificate is generated. In addition, you are responsible to ensure that a new co-payment request is submitted when there is a change in certificates. If you are submitting a request for co-payment backdated beyond 30 days please document reason for delay here. _____

If the delay is beyond 60 days and is due to social worker request, a letter from the social worker is required.

Child Care Financial Assistance Program
Child Development Division
280 State Drive, NOB 1 North
Waterbury, VT 05671-1040

