

Children's Integrated Services Specialized Child Care Request for Retroactive Payment

Agency Name: _____

Specialist Name: _____

Provider Name: _____ License #: _____

Part 3: Specialized Child Care agreement entered in BFIS? Yes No

State Office Use Only:

Date Part 3 Entered in BFIS: _____

Date Form Received by CIS: _____

Date Form Received by CCFAP: _____

Invoice #: _____

Child Party ID & Initials	CCFAP Case ID	Authorization Start Date	Authorization End Date	Number of STARS Program Achieved	Period of Service for Retroactive Payment (date from and to)

Attendance records are attached (for retroactive payments attendance records must be included with request)

Total amount requested: _____ DCF Family Services Division Social Worker: _____

Describe why the child/ren were enrolled in the program without specialized child care services status; the process to ensure the Provider Agreement Specialized Child Care Services, Part 3 is sent to CDD; and the plan for reducing the need to pay retroactively in the future. Attach additional documentation as appropriate:

Send to:

Send to Specialized Child Care
Children's Integrated Services
Email: jill.pearl@vermont.gov

