

Child Care Financial Assistance Program Request for Retroactive Payment

Date: _____

Retroactive Payment Requested By: _____

Child Care Provider: _____

Child Care Provider Address: _____

Child Care Provider License/BFIS #: _____

Parent/Guardian Case ID #	Child(ren)'s Case #	Period of Service for Retroactive Payment (date from - to date):

Total Retroactive Payment Amount Requested: \$ _____

Name of Family Services Division Social Worker: _____

Attach a letter explaining the delay in payment.

Submit this form to:

Child Care Financial Assistance Program
Child Development Division
103 South Main Street, 3 North
Waterbury, Vermont 05671-5500

