

Child Care Financial Assistance Program Protective Services - Request for Co-Payment

The Child Care Financial Assistance Program will make full payment for child care services delivered to a child in Protective Service where the Family Services worker has determined the need for care. **Providers caring for these children may be reimbursed at the rate stated on the parent's/guardian's contract or the provider rate recorded in the Bright Futures Information System (BFIS) whichever is lower.**

State Office Use Only
Date Received: _____
Date Processed: _____

Section One: Child Care Provider *(This section must be completed by the child care provider)*

Complete the information below and submit form to the CIS Child Care Coordinator within 15 days of child's start date. Please Note: Co-payment requests of less than \$2.00/week will not be processed.

Provider Name (as listed on license): _____ License #: _____

<i>Child's Full Name</i>	<i>Start Date</i>	<i># of Days Per Week</i>	<i># of Hours Per Day</i>	<i>Total Charge Per Week</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- I understand that no subsidy payment shall be approved to a child care provider who charges subsidy families more or at a higher rate than that which is charged to other families for the same service, including those families receiving other subsidies.
- I understand that the CDD will recover any payment made for inaccurate or fraudulent billing.
- I certify that the information I provided is true and correct.

Provider Signature: _____ Date: _____

Section Two: CIS Child Care Coordinator *(This section must be completed by the CIS Child Care Coordinator)*

<i>Case ID</i>	<i>Certificate #</i>	<i>State Date</i>	<i>End Date</i>	<i>Number of STARS</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- This form must be submitted to the Child Development Division within 30 days of child's start date
- A new co-payment request must be is submitted within 7 business days when there is a change in certificates.
- If request is beyond 30 days, please document reason for delay here. Co-pay requests beyond 60 days will not be processed.

Reason for delay: _____

CIS Child Care Coordinator Signature: _____ Date: _____