County Name: _____

Child Care Claim Form

This is a legal document. Please keep a copy for your records

Month: _____, 20____

County Use Only

County Adj Id: _____

County Inv #: _____

Provider: _____ Provider ID: _____ Phone: _____

Address _____

P = part time **F** = full time **FT/PT** = full time/part time **FT/FT** = full time/full time

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total days used	Rate per day	Sub total	Parent Fee	County use only Total
Name: Case # __- Worker:																																			Paid Y / N	
Please explain reason for manual claim for above child ▶																																				
Name: Case # __- Worker:																																			Paid Y / N	
Please explain reason for manual claim for above child ▶																																				
Name: Case # __- Worker:																																			Paid Y / N	
Please explain reason for manual claim for above child ▶																																				

TOTAL $

I certify this Child Care Claim Form is accurate and complete for care provided and for which payment has not been received thru the POS device.
Marking "Y" (yes) shows the parent has paid the parent fee or made payment arrangement to pay the parental payment for this claim.
Marking "N" (no) shows non-payment of the parental fee and this will make the parent ineligible for child care until the parental fee has been paid.

_____ _____

Provider Signature Date

(Rev. 08/2011)