
Worker Name: _____

Worker ID: _____

Worker Phone Number: _____

Date: _____

Case Name: _____

Case Number: _____

Child Care Reimbursement Request

Reporting Responsibilities

What to Report	When to Report to the Agency
Change of: <ul style="list-style-type: none"> ● Address ● Employment ● Hours of work ● Welfare-to-Work hours of participation ● Hours of Child Care needed ● Income ● School schedule ● Household composition 	Immediately or within 5 days of the change.
Parent requests change of provider.	Immediately. Also, parent must notify provider 14 days before the change.
Child does not attend for 3 consecutive days without contact.	Immediately after the 3 rd day.
Parent moves out of the County.	Immediately.
You can report this information to the County by calling your worker or reporting it in writing.	

I understand and agree to the following terms and conditions:

- Sign my child(ren) in and out each day with the actual time and my full signature.
- Give a full explanation of each child's absence to the provider and the County.
- Call my worker whenever a schedule needs to be changed or when the need for Child Care ends.
- Accept responsibility for any charges related to the unexcused absences of parent/guardian or child(ren) and provider fees not reimbursed by the County.
- Overpayments of the Child Care subsidy, even if it is the County's fault, must be paid back.
- If I fail to comply with any of the terms and conditions for receipt of Child Care, my Child Care authorization may be terminated, and an overpayment may exist, which I may be responsible to repay.
- Child care is only reimbursed for county approved activities.

FIRST-CLASS MAIL PERMIT NO. _____
POSTAGE WILL BE PAID BY ADDRESSEE

Please fold and ensure the County address information displays in the envelope window.

Month:

Worker Name:

Worker ID:

Worker Phone Number:

Date:

Case Name:

Case Number:

Instructions:

- If you have approved child care costs and want a reimbursement, fill out and return this report to the child care worker immediately following the last day care was provided.
- If a completed report is not received timely, your child care benefits may be late, denied, or discontinued and the payment may become the parent's responsibility.
- The Provider must fill out a separate form for each child. If needed, ask the child care worker for more forms.

Parent/Guardian (First Middle Last)	Home Phone #	Work Phone #	Cell Phone #
2 nd Parent/Guardian (First Middle Last)	Home Phone #	Work Phone #	Cell Phone #

CHILD Name:

Age:

I declare under penalty of perjury under the laws of United States and the state of California that the facts contained in this report are true and correct and complete.

Parent's/Guardian's Signature

Date

PROVIDER: (If the provider listed below is not your current provider, do not use this form. Contact your worker immediately.)

Name:

Child Care Provider Type:

Address:

Phone Number:

City, State, Zip:

Provider change of address:

PROVIDER CHARGES (Must be completed by Provider)							AGENCY USE ONLY	
Care Type	Indicate Total				Rate Charged	Sub-Total		
	Hours	Days	Weeks	Months				
Full Time								
Part Time								
Total Amount Charged						\$		
Registration Fee						+		
Less Family Fee						-		
Total Due From Agency						\$		

PT/FT_____ x _____ = _____					
		sub-total			
PT/FT _____ x _____ = _____				+/-	
		FF/OP/Reg			
Family Fee FT _____ x _____ = _____					
PT _____ x _____ = _____					
		Total Paid			
Worker Name:				Date:	

I declare under penalty of perjury that the child care services state in this form were given by me, received by the above mentioned child, and that any required parental payment was paid. I understand that the County does not act as my employer or have a business relationship with me when I receive child care reimbursement.

Family fee receipt of payment is attached (if applicable).

Provider's Signature

Date

Daily Attendance Sign-In Sheet for the Month of

Day of Month	IN		School Time In/Time Out		Additional Time Out/Time In		OUT			Total Hours	Agency Use Only		
	Time In am/pm	Parent's/Guardian's full Signature In Ink	To school	Provider's Initials	From school	Provider's Initials	Time Out am/pm	Parent's full Signature	Time In am/pm			Parent's full Signature	Time Out am/pm
1													
2													
3													
4													
5													
6													
7													
8													
9													
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29													
30													
31													
Total:													

Parent/Provider Declaration: I declare under penalty of perjury: 1) The above information is true and correct. 2) The child care was provided while I worked or participated in a County-approved activity on the days and hours listed above, 3) I may be required to repay any overpayment resulting from false or incorrect claim forms and I may be prosecuted for fraud, if so determined, and 4) I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution with penalties of a fine, imprisonment or both.

Parent's/Guardian's Signature	Date
Provider's Signature	Date