

CHILD CARE REIMBURSEMENT RECEIPT INSTRUCTIONS

PURPOSE: Parents/resource parents receiving Child Care reimbursement benefits are required to submit receipts for reimbursement of Child Care expenses. The Child Care Reimbursement Receipt is a form parents/resource parents can use to record daily attendance and payments for children in the care of a licensed or registered Child Care provider. Your Children's Division (CD) or Family Support Division (FSD) worker must authorize reimbursement benefits prior to the child attending the child care facility.

INSTRUCTIONS: The Child Care Provider information, parent/resource parent information, and child information on this form should be legibly handwritten by the parent/resource parent. The time the child enters care and the time the child leaves care must be indicated daily and these times must be initialed by the parent/resource parent daily. The parent/resource parent and child care provider must sign this receipt in order for a reimbursement payment to be processed.

CHILD CARE PROVIDER NAME - Enter the name of the child care provider or the name of the child care facility.

CHILD CARE PROVIDER DVN - Enter the child care provider Departmental Vendor Number (DVN).

CHILD CARE PROVIDER PHONE NUMBER - Enter the telephone number of the child care provider or the child care facility.

PARENT/RESOURCE PARENT NAME - Enter your name.

PARENT DCN / RESOURCE PARENT DVN - Enter your Departmental Client Number (DCN) or DVN.

PARENT/RESOURCE PARENT ADDRESS - Enter your street address, city, state & zip code.

PARENT/RESOURCE PARENT PHONE NUMBER - Enter your telephone number, including the area code.

SERVICE MONTH / YEAR - Enter the month and the year for the reported month of attendance and payment. Example: October, 2010

CHILD NAME (FIRST, LAST) - Enter the first and last name of the child in care. Use only one Child Care Reimbursement Receipt per child per service month & year.

CHILD DCN - Enter the DCN of the child in care.

DAY OF THE MONTH - This column lists each day, from 1-31, of the month.

TIME CARE BEGAN AM OR PM - Enter the time care began, indicating am or pm, for each day of the month the child is in care. This information must be entered by you (the parent/resource parent) the same day care is provided.

TIME CARE ENDED – CHILD LEAVING TO RETURN TO CARE SAME DAY ONLY - List the time care ended, indicating am or pm, in this column, for any time a child is in care and leaves the facility, but intends to return to care or ends care when the parent/resource parent is not available to sign the child out. *Example – child is in care before and after school. This is the time the child leaves the facility to attend school, with the intent of returning to care after school.* The child care provider or staff may enter this time the child ends care, if no parent or resource parent is available. This information must be entered the same day care is provided.

TIME CARE BEGAN – CHILD RETURNING TO CARE SAME DAY ONLY - List the time care began, indicating am or pm, in this column, for any time the child returns to care, after having left care the same day. *Example – child is in care before and after school. This is the time the child returns to the facility after school.* The child care provider or staff may enter this time the child returns to care, if no parent or resource parent is available. This information must be entered the same day care is provided.

TIME CARE ENDED AM OR PM - List the time care ended, indicating am or pm, for each day of the month care is provided. This information must be entered by the parent/resource parent, the same day care is provided.

PARENT/RESOURCE PARENT MUST INITIAL EACH DAY OF CARE - You must initial each day of the month care is provided on the day care is provided. Your initial indicates you have reviewed and verified the beginning and ending times of care. When you initial the attendance record for the day of care, you are responsible for reviewing and verifying any time the child care provider or staff member entered the time care began or ended.

AMOUNT PAID BY PARENT/RESOURCE PARENT – List the amount you paid to the child care provider as well as the time period this payment covers. Only list payments for child care services that were rendered during that service month and year. DSS reimburses child care expenses on a monthly basis, after the service month has ended.

TOTAL AMOUNT PAID BY PARENT/RESOURCE PARENT FOR THE ENTIRE SERVICE MONTH – Enter the total amount paid for the entire service month. Only list the total amount paid for child care services that were rendered during that service month and year.

PARENT/RESOURCE PARENT SIGNATURE - At the end of the month that care has been provided, you will review and verify the information on the Child Care Reimbursement Receipt. You will sign the record, indicating you have verified and agree with the attendance recorded as well as the amount paid for services rendered during the service month.

CHILD CARE PROVIDER SIGNATURE - At the end of the month that care has been provided, the child care provider will review and verify the Child Care Reimbursement Receipt. The child care provider will sign the record, indicating they have verified and agree with the attendance recorded as well as the amount paid for services rendered during the service month.

Note: This original Child Care Reimbursement Receipts must be provided to the provider relations representative for your area in order for your reimbursement payment to be processed. Contact your CD or FSD worker or the Child Care Provider Relations Unit for information about where to send these receipts. Your CD or FSD Worker must authorize the reimbursement benefit before payment will be reimbursed for any child care services. Keep a copy of this Child Care Reimbursement Receipt for your records.