<h1 style="text-align:center">CHILD CARE REIMBURSEMENT WORKSHEET</h1>

<h2 style="text-align:center">INSTRUCTIONS</h2>

PURPOSE: Child Care Provider Relations staff must complete this form when submitting payment for reimbursement of child care services to parents or resource parents determined eligible for reimbursement by the Children's Division (CD) or Family Support Division (FSD) Worker. A system generated reimbursement invoice must be generated based on the authorization entered by the CD or FSD Worker before a reimbursement can be entered for payment.

INSTRUCTIONS: The authorizing DSS designee must complete all information on the worksheet based on the original Child Care Reimbursement Receipt form received from the parent or resource parent. The authorizing DSS designee must sign & date the worksheet prior to entry into the system. Staff entering the information for payment must sign & date and enter a payment amount.

CHILD DCN – Enter the dcn of the child for which reimbursement is requested.

CHILD NAME – Enter the name of the child for which reimbursement is requested.

PARENT DCN OR RESOURCE PARENT DVN – Enter the parent DCN or resource parent DVN to which payment will be made.

PARENT/RESOURCE PARENT NAME – Enter the parent or resource parent name.

CC PROVIDER DVN – Enter the DVN of the provider that rendered the child care services.

CC PROVIDER NAME – Enter the name of the provider that rendered the child care services.

SERVICE MONTH – Enter the service month (including the year) for which reimbursement is requested.

ACTUAL UNITS IN CARE – Enter the total number of full time, half time, part time, holiday and absence units for daytime and evening/weekend care based on the Child Care Reimbursement Receipt or an attendance record provided with the request for reimbursement.

RECEIPT AMOUNT – Enter the total amount of receipts for the service month based on information from the Child Care Reimbursement Receipt or other receipt indicating the payment amount. Only enter amounts received for services rendered within that service month.

AUTHORIZING DSS DESIGNEE SIGNATURE & DATE – The authorizing designee signs and enters the date authorized.

SIGNATURE OF PERSON ENTERING PAYMENT & DATE – The person entering the payment signs and records the date the entry was made.

PAY AMT – The person entering the payment enters the system calculated payment amount after entry into the system.

CHILD CARE ADOPTION SUBSIDY AMOUNT – The person authorizing the reimbursement will review the child care subsidy contract. If there is an amount listed on the subsidy contract, check yes and enter that amount on the line. If there is no amount listed, check no.

LESSER OF RECEIPT AMOUNT OR CHILD CARE ADOPTION SUBSIDY AMOUNT – Compare the receipt amount and the adoption subsidy amount. Enter the receipt amount if it is less or the child care adoption subsidy amount, if it is less.

FAMIS PAYMENT AMOUNT – Enter the PAY AMT, as listed by the person entering payment, above.

CORRECTION PAYMENT AMOUNT – Subtract the FAMIS Payment Amount from the Receipt/Subsidy amount. If there is a balance due, this will be the amount entered as a correction payment due to the parent/resource parent.

SIGNATURE OF DSS DESIGNEE SUPERVISOR APPROVING CORRECTION PAYMENT & DATE APPROVED – The supervisor authorizing the correction payment signs here and records the date the correction was approved for payment.