



### Child Care Reimbursement Request Form

The program reimbursement is for child care used while attending classes only. Reimbursements can range from \$100 to \$125, and will depend on availability of funding.

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Name of Child Care Provider: \_\_\_\_\_

Provider Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Check One: Licensed Group  Licensed Family  Certified  Unlicensed  Other

	Child's Name	Child's Age
1.		
2.		
3.		

Cost below is based on per (pick one): Hour \_\_\_\_\_ Day \_\_\_\_\_ Week \_\_\_\_\_

Cost per child is: 1<sup>st</sup> child \$ \_\_\_\_\_ 2<sup>nd</sup> child \$ \_\_\_\_\_ 3<sup>rd</sup> child \$ \_\_\_\_\_

In the boxes below, please indicate the date the child(ren) received care, how much was paid for each child(ren) as well as the total paid to the provider.

Date	Total Hours			Total Charges	Date	Total Hours			Total Charges
	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child			1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child	
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					<b>Total Charges for Entire Month</b>				



*Signatures verify that information on page 1 is true, correct and the provider has been or will be paid for the services provided. Falsification of information may result in termination from the program and legal action.*

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Childcare Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized By (Coulecap Staff): \_\_\_\_\_ Date: \_\_\_\_\_

**Staff Use Only:**

\_\_\_\_\_ Hours (up to 12 a week) x \_\_\_\_\_ number of weeks = \_\_\_\_\_ total number of hours

\_\_\_\_\_ Total number of hours x \$1.75/hour = \_\_\_\_\_ Cost per child

\_\_\_\_\_ Cost per child x \_\_\_\_\_ number of children = \_\_\_\_\_ total reimbursed  
\*Maximum monthly reimbursement=\$125

Amount Authorized \$ \_\_\_\_\_ Code \_\_\_\_\_

Amount Authorized \$ \_\_\_\_\_ Code \_\_\_\_\_

Amount Authorized \$ \_\_\_\_\_ Code \_\_\_\_\_

Total Authorized \$ \_\_\_\_\_