



"Revised" CCDF Discrepancy Childcare Statement of Services Form

7/1/2005

Weeks of Service _____ through _____ <small>(Beginning) (Ending)</small>

Provider EIN/SSN: _____	Parent/Guardian Name: _____
Childcare Provider Name: _____	Parent/Guardian Address: _____
Childcare Provider Address: _____	City State Zip: _____
City State Zip: _____	City State Zip: _____
Childcare Director's Name: _____	Parent Phone Number: _____
Provider Phone Number: _____	Child's Name: _____
Provider County Location: _____	One Child Per Form

Description of Discrepancy: Card Issues POS Not Installed POS Not Working

Week 1							
Day	Date	Code	Time IN	Time OUT	Time IN	Time OUT	Total Hours
Sunday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Monday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Tuesday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Wednesday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Thursday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Friday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Saturday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	

Totals Number of Days: _____ Amount Owed \$ _____ Hours _____

Week 2							
Day	Date	Code	Time IN	Time OUT	Time IN	Time OUT	Total Hours
Sunday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Monday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Tuesday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Wednesday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Thursday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Friday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	
Saturday			a.m. p.m.	a.m. p.m.	a.m. p.m.	a.m. p.m.	

Totals Number of Days: _____ Amount Owed \$ _____ Hours _____

I certify that this statement of services provided was provided to me by this provider. I further certify that this is an accurate and true record of attendance and can be prosecuted for fraud if this is a false statement.

Parent/Guardian Signature Date _____
Provider Signature Date

SIGN IN BLUE INK

Maintain a copy of this statement onsite at the childcare center for each child.

CODES: P=Personal Day H=Provider Holiday O=Other _____ (specify)

Mail to: ACS-Statewide Discrepancy Department
 101 West Ohio Street, Suite #1700
 Indianapolis, Indiana 46204