CCAP 15R Rev. 10/11 12/10 Issue Obsolete

Louisiana Department of Children and Family Services Child Care Assistance Program

OFFICE USE ONLY _____ New Provider Rate Change
CHOW CHOI

	Provider Rate Agreement	New license/other
Name of Provider	Tips Provider No.	License No. If Applicable
Physical Street Address	City, State	Zip Code
Mailing Address, If Different From Above	City, State	Zip Code
Phone Number	Cell Phone Number	
☐ Class A ☐ Military Provider ☐ FCDCH Provider ☐ Provider in Child's Home ☐ School Program Provider Rate changes should be promptly reported to Provider Directory at the address below. Please complete the following and include verification of your rates (notice to parents, such as newsletter, bulletin, memo, etc.)		
A CCAP Rate and Availability Form will be sent for each child in your case and must be completed and returned in order for you to be paid.		
Do you have a Class A license? Yes No Are you a Head Start Program? Yes No		
Do you have special rates for more than one child in a family? Yes No Rate:		
Do you serve children with disabilities ages 13 - 17?		
Do you serve children under age 18 who have special care needs because of a mental, physical, or emotional disability, requires specialized facilities, lower staff ratio, or specially trained staff to meet his/her developmental and physical needs? Yes No		
If yes, is the rate for this child higher, lower, or the same for other children for whom you provide care? ☐ Higher ☐ Lower ☐ Same		
Do you participate in the Child and Adult Care Food Program?		
Rates Charged Per Child		
You must complete both sections below, e	ven if you do not currently care for a ch	ild in each age group.
Under 3 Years of Age:	<u>3 Ye</u>	ears of Age and Over:
Full-Time Care \$ pe	er Day Full-	Time Care \$ per Day
Complete part-time care rates only if you provide part-time care.		
Part-Time Care \$ pe	er Hour Part	-Time Care \$ per Hour
PROVIDER SIGNATURE AND TITLE PRINT NAME	DATE	- RETURN TO: PROVIDER DIRECTORY P.O. Box 94065 Baton Rouge, LA 70804
CAPS/TIPS REPRESENTATIVE	DATE	-