

Sacramento County Stage One Child Care - Request for Reimbursement 2145 Form

Month/Year of Care

COMPLETE AND MAIL THIS FORM TO: DHA, 2001 19th Street, Sacramento, CA 95818

- Sign child in and out of care daily using your first initial and last name OR full signature. Only enter in and out times for the hours of care child actually uses.
- Do not use "white-out". Days marked with "white-out" will not be paid. Complete this form in blue or black ink only.
- Both sides must be complete, and the front must be signed and dated by both the provider and the parent on or after the last day of care. **All forms must be received no later than 3 months after care took place for payment to be made.** If this form is received late or incomplete, payment will be denied.
- Check that all hours/days/weeks entered in Section 4 - Billing Summary below matches the hours/days/weeks of care used on the back.
- Each day the child does not use care as scheduled and payment is expected, enter one of these codes in the "Reason Code" box on the reverse:

Child or parent ill & child was not in care all or part of day	Provider closed all or part of the day	Child absent for other reasons	School-age child did not attend school due to illness but was in care	School Minimum Day	Non-School Day
S	C	A	D	M	NS

SECTION 1 AND 2 TO BE COMPLETED BY PARENT ONLY

COUNTY USE ONLY

SECTION 1 - Parent Information		SECTION 2 - Child Information		COUNTY USE ONLY FID: CID: PID: TID: County Date Stamp:
Parent 1 Name:		Child's Full Name:		
Activity Type: <input type="checkbox"/> Employment <input type="checkbox"/> School <input type="checkbox"/> CWEX <input type="checkbox"/> Job Club		Child's Home Address:		
Activity Name:		City, State & Zip:		
Activity Address:		Phone:		
City, State & Zip:		Date of Birth:	Age:	
Activity Schedule (indicate days & times):		School Name:		
Parent 2 Name (if in the home): <input type="checkbox"/> Check here if not in the home		Track:		
Activity Type: <input type="checkbox"/> Employment <input type="checkbox"/> School <input type="checkbox"/> CWEX <input type="checkbox"/> Job Club		Grade:	Case #:	
Activity Name:		Travel time from home to activity is _____ minutes each way.	CCPU HSS:	
Activity Address:				
City, State & Zip:				
Activity Schedule (indicate days & times):				

SECTION 3 AND 4 TO BE COMPLETED BY PROVIDER ONLY

SECTION 3 - Child Care Provider Information		SECTION 4 - Child Care Provider Billing Summary	
Type of Facility: <input type="checkbox"/> Licensed Family Child Care Home <input type="checkbox"/> Child Care Center <input type="checkbox"/> Trustline Provider <input type="checkbox"/> Relative - Circle relationship to child: Aunt Uncle Grandparent <small>(Must be by blood, marriage or legal decree, and verifiable. All other relationships, check Trustline Provider)</small>		Enter all numbers as decimals. If completed electronically, the worksheet will calculate as currency & compute a Total Billed amount at the bottom. If completed by hand, calculate totals in currency, add up all amounts entered, and enter a total in the Total Billed section at the bottom. For Evening & Weekend Rates, enter a unit type in the empty box, i.e. hours, days, etc. ONLY ENTER AMOUNTS YOU ARE ACTUALLY BILLING.	
Provider Name:		Monthly Rate: \$	Month =
Doing Business As (DBA) Name:		Weekly Rate: \$	X Weeks =
Last four digits of provider's SSN or Tax ID if incorporated:		Weekly Rate: \$	X Weeks =
Address Where Care is Provided: <input type="checkbox"/> Check here if new address		Weekly Rate: \$	X Weeks =
City, State & Zip:		Daily Rate: \$	X Days =
Provider's Billing Address: <input type="checkbox"/> Check here if new address		Daily Rate: \$	X Days =
City, State & Zip:		Hourly Rate: \$	X Hours =
Phone Number:		Hourly Rate: \$	X Hours =
		Evening Rate: \$	X
		Weekend Rate: \$	X
		Registration Fee due for licensed providers as per rate sheet:	
		Month Annual Registration Fee is due as per rate sheet:	
TOTAL BILLED FOR THIS MONTH:			

By signing, we declare under penalty of perjury under the laws of the United States and State of California that the information I provided on the front and back of this form are true, correct, and complete for the entire month. Any fraud of government funds will result in criminal prosecution to the full extent of the law.

Parent Signature

Date

Provider Signature

Date

Child's First and Last Name: _____

Month/Year: _____

COMPLETE IN HOURS & MINUTES ONLY

Start on the 1st day of care in the month. Fill in time child was dropped off & picked up, & sign on each day care took place.

*By initialing and/or signing this form each day, you declare under penalty of perjury under the laws of the United States and the State of California that the facts each day are true, correct, and complete. Any fraud of government funds will result in criminal prosecution to the full extent of the law.

Sign In DAILY				Use ONLY if child has split schedule				Sign Out DAILY		Total Hours	Reason Code	COUNTY USE ONLY
Date	Week	Day of Week	Time In <small>Circle AM or PM</small>	Signature* of adult signing in child	Time Out	Initials*	Time In	Initials*	Time Out <small>Circle AM or PM</small>			
1			AM PM						AM PM			
2			AM PM						AM PM			
3			AM PM						AM PM			
4			AM PM						AM PM			
5			AM PM						AM PM			
6			AM PM						AM PM			
7			AM PM						AM PM			
8			AM PM						AM PM			
9			AM PM						AM PM			
10			AM PM						AM PM			
11			AM PM						AM PM			
12			AM PM						AM PM			
13			AM PM						AM PM			
14			AM PM						AM PM			
15			AM PM						AM PM			
16			AM PM						AM PM			
17			AM PM						AM PM			
18			AM PM						AM PM			
19			AM PM						AM PM			
20			AM PM						AM PM			
21			AM PM						AM PM			
22			AM PM						AM PM			
23			AM PM						AM PM			
24			AM PM						AM PM			
25			AM PM						AM PM			
26			AM PM						AM PM			
27			AM PM						AM PM			
28			AM PM						AM PM			
29			AM PM						AM PM			
30			AM PM						AM PM			
31			AM PM						AM PM			