

CalWORKs CHILD CARE REIMBURSEMENT REPORT

COUNTY USE ONLY

INSTRUCTIONS:

- If child care has been approved, to receive payment, fill out and return this report to the participant's Welfare to Work (WTW) Case Manager each month. This report is due **by the 5th of the month**. Reports **over 30 days** from the last day of child care **may not be paid**.
- The certifications on the back of this report must be signed by both **provider and participant**.
- Do **not** use "white-out" on this report.
- Unlicensed child care providers **will not be paid** until the WTW participant's WTW activity(ies) or employment hours have been verified.

PARTICIPANT INFORMATION:

| | | |
|---|----------------------------|-------------------------|
| MONTH/YEAR OF REQUEST | NAME (FIRST, MIDDLE, LAST) | CASE NAME, IF DIFFERENT |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) | | |
| HOME PHONE | WORK PHONE | |

DATE RECEIVED _____

CASE NAME _____

CASE NUMBER _____

WORKER NAME AND NUMBER _____

Activity: _____

Total Authorized \$ Payment:
(Accounting to Complete)

CHILD CARE PROVIDER INFORMATION:

| | |
|--|--|
| PROVIDER'S NAME (FIRST, MIDDLE, LAST) OR NAME OF FACILITY | SOCIAL SECURITY NUMBER/FED, TAX I.D. NUMBER OPTIONAL |
| ADDRESS WHERE CARE IS PROVIDED (STREET, CITY, STATE, ZIP CODE) | PHONE _____ |
| BILLING ADDRESS, IF DIFFERENT THAN ABOVE (STREET, CITY, STATE, ZIP CODE) | PHONE _____ |

Provider Code:

Licensed-Exempt Care:

REOUCH (Relative)

NONOCH (Non-Relative)

Licensed Care:

FAMDC (Family Day Care)

CENCARE (Center Care)

The child care was provided in: My Home Child's Home Family Day Care Home Day Care Center
(Small Large)

for the family listed above during _____ (MONTH/YEAR)

Registration Fees (if any): Monthly Annual Other _____ Amount \$ _____

List the name(s) of the child(ren) you provided child care for, their birth dates, amount charged for each child, rate charged and billing method (weekly, hourly, monthly).

AID CODE _____

U (Unemployed)

E (Employed)

LINKAGES

CL (Cal Learn)

CL Sanctioned

CL RNE

One Parent | Two Parent

Child(ren) Change Age Categories

RMC Change

| CHILD'S NAME | BIRTHDATE | RATE CHARGED | SPECIFY HOW CHARGED (PER HOUR, DAY, WEEK OR MONTH) | AMOUNT CHARGED PER CHILD |
|--------------|-----------|--------------|--|--------------------------|
| A. | | | | |
| B. | | | | |
| C. | | | | |
| D. | | | | |

TOTAL AMOUNT BILLED: \$

List the number of hours of child care provided for each child for each day of the month.

| Child | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total Hours | |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------|--|
| A. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

COUNTY USE ONLY

| | |
|-----------------------|--|
| CHILD CARE CHECK LIST | <p>1. What type of provider is the participant using? <input type="checkbox"/> Licensed <input type="checkbox"/> License-exempt</p> <p>2. If a licensed provider is used, how is the provider paid? <input type="checkbox"/> Drop-in rate (hourly and daily)</p> <p>3. Is the provider's rate at or above the RMR ceiling? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If "Yes" use the RMR ceiling for the rate category(ies) needed and always pay the least costly.</p> <p style="margin-left: 20px;">If "No" and the provider's rate(s) is/are the rate category(ies) needed use the provider's rate(s)</p> <p style="margin-left: 20px;">If "No" but the provider's rate(s) is/are not in the rate category(ies) needed, establish a "derived rate" for the rate category(ies) needed.</p> <p>4. License-exempt providers are paid at the least costly applicable rate(s): hourly, daily, weekly, and/or monthly.</p> <p>5. Do the child care claim rate categories match the current Notice of Action? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" change the NOA or Activity Agreement.</p> |
|-----------------------|--|

WTW Case Manager: _____ Date: _____ Supervisor Approval: _____ Date: _____
 Hours Verified Hours Pending Approval (Licensed Provider) Manager Approval: _____ Date: _____

PARTICIPANT COMPLETES THIS SECTION:

My child care provider has changed since my last request for a child care payment. Yes No
(If "Yes" your new provider must be approved before payment can be made.)

I am receiving child care subsidies from another source: Yes No
(If yes, please describe source.)

PARTICIPANT'S CERTIFICATION

I understand that:

- I certify I worked or participated in CalWORKs County approved activity(ies) on the days and hours listed on the other side for child care.
- I certify that I received the child care and that the hours of care and total monthly costs are true and correct as listed.
- I am aware that any statements made on this form are subject to investigation and verification.
- I must report to my child care worker any time a parent of a child receiving child care moves into my home or another child moves into my home, including newborns.
- I must report if my family income has reached or is over the following family fee income threshold and has changed since last reported to for child care:

| Family Size* | Gross Income per Month | Family Size | Income per Month |
|--------------|------------------------|-------------|------------------|
| 1 - 2 | \$1820 per Month | 3 | \$1950 per Month |
| 4 | \$2167 per Month | 5 or more | \$2513 per Month |

Family size includes adults and children related by blood, marriage, or adoption who live in the home of the child receiving child care.

- I have the right to choose the child care provider who is best for me and my child(ren).
- The provider must have a license or be exempt from having a license in order for me to receive a child care payment.
- If I choose a license-exempt child care provider, he/she must be TrustLine Cleared and meet Health & Safety Certification criteria before child care payments will be made. (Schools, certain recreational programs, and the child's grandparents, aunts and uncles do not have to be TrustLine cleared to receive subsidized child care payments).
- The information on this form may be shared with other State and local agencies, Resource & Referral Programs, Alternative Payment Programs and Federal Agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
- The County does not act as the child care provider's employer, and does not have a business relationship with the child care provider when a child care payment is paid.
- I must pay back any child care payments I am not entitled to receive.
- If I choose child care in my home, I may be considered the employer, and am responsible for complying with any applicable Federal and State employment-related laws.
- I understand that if I choose an unlicensed provider, the provider will not be paid until my WTW activity(ies) or employment hours have been verified.
- I am authorizing the County to get any verification necessary to process my payment request.

I declare under penalty of perjury under the laws of the State of California that the information contained on this report is true and correct.

SIGNATURE OF PARTICIPANT _____ DATE _____

PROVIDER COMPLETES THIS SECTION

For the boxes listed below, check the one that applies to you.

- I certify I am a licensed child care provider and my valid license is _____.
- I certify I do not need a child care license because (only one need to apply):
 - I am related to the child(ren): Child A: _____, Child B: _____, Child C: _____, Child D: _____
(RELATIONSHIP) (RELATIONSHIP) (RELATIONSHIP) (RELATIONSHIP)
 - I care for my own family's child(ren) and the child(ren) of one other family.
 - The facility is a public or private exempt school which operates a program before and/or after school for school-age children, providing the program offered by a school is operated by the school and run by qualified teachers employed by the school recreation program or school district.
 - The facility is a private recreation program.

PROVIDER'S CERTIFICATION

- I declare that I am at least 18 years of age.
- I declare that I provide the child care listed and that the hours of care and total monthly costs listed are true and correct.
- I understand that if I am license-exempt, I must be TrustLine Cleared and complete the Health & Safety certification before I am paid. I am exempt from TrustLine and Health & Safety certification if I am an uncle, aunt or grandparent to the child(ren) or my care is provided at a school or certain recreation facilities.
- I understand that the social security number provided, may be used to check whether I am also receiving CalWORKs, Food stamps, and/or Medi-Cal benefits and that I must report this income to my eligibility worker.
- I understand that the information on this form may be shared with other State and Federal agencies, including Internal Revenue Service, Alternative Payment Programs, Resource & Referral Agencies and the Franchise Tax Board.
- I understand that the County does not act as my employer or have a business relationship with me when I receive a child care payment.
- I understand that if I am an unlicensed child care provider I will not be paid before the WTW participant's WTW activity(ies) and/or employment hours have been verified.
- I understand I must pay back any child care payments I am not entitled to receive.
- I understand that failing to report facts or giving wrong or incomplete facts on the report can result in legal prosecution and penalties of a fine, imprisonment or both.

I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct.

SIGNATURE OF PROVIDER _____ DATE _____