

CHILD CARE CERTIFICATE

Reason for action: This is where it will tell you what has occurred.

REASON FOR ACTION: CHANGE IN YOUR CHILD CARE ARRANGEMENTS WITH PROVIDER NAME

03/28/2007

CASE NUMBER: ##### WORKER ID: ####
CLIENT NAME
CLIENT ADDRESS
CLIENT ADDRESS

PROVIDER ID: #####
CC: PROVIDER NAME
PROVIDER ADDRESS
PROVIDER ADDRESS

Provider Information

Client Information

DEAR CLIENT NAME:

THIS NOTICE IS TO LET YOU KNOW THAT YOUR CHILD CARE ARRANGEMENTS WITH PROVIDER NAME HAVE CHANGED.

CHILD NAME IS AUTHORIZED FOR THE FOLLOWING CHILD CARE ARRANGEMENTS BEGINNING 04/2007 AND ENDING ON 08/31/2007 IF REDETERMINATION OF ELIGIBILITY FORM NOT RETURNED.
* UP TO 10 DAYS OF SCHOOL AGE FULL TIME CARE AT \$22.86 PER DAY
* UP TO 10 DAYS OF SCHOOL AGE PART TIME CARE AT \$12.57 PER DAY
* UP TO 23 DAYS OF BEFORE & AFTER PART TIME CARE AT \$15.59 PER DAY
CARE IS B/A SCHOOL MON-FRI AND FT OR PT CARE ON NON SCHOOL DAYS
AUTH FT OR PT CARE FOR SUMMER BREAK MON-FRI
AUTHORIZATION LAST CHANGED ON 03/28/2007 AT 12:55:15 AM

Indicates the last date and time a change was made

CHILD NAME IS AUTHORIZED FOR THE FOLLOWING CHILD CARE ARRANGEMENTS BEGINNING 04/2007 AND ENDING ON 08/31/2007 IF REDETERMINATION OF ELIGIBILITY FORM NOT RETURNED.
* UP TO 23 DAYS OF PRESCHOOL FULL TIME CARE AT \$25.20 PER DAY
* UP TO 23 DAYS OF PRESCHOOL PART TIME CARE AT \$13.40 PER DAY
AUTH FT OR PT CARE MON-FRI
AUTHORIZATION LAST CHANGED ON 03/28/2007 AT 12:55:22 AM

Indicates case worker notes on authorized care

CHILD NAME IS AUTHORIZED FOR THE FOLLOWING CHILD CARE ARRANGEMENTS BEGINNING 04/2007 AND ENDING ON 08/31/2007 IF REDETERMINATION OF ELIGIBILITY FORM NOT RETURNED.
* UP TO 23 DAYS OF PRESCHOOL FULL TIME CARE AT \$25.20 PER DAY
* UP TO 23 DAYS OF PRESCHOOL PART TIME CARE AT \$13.40 PER DAY
CARE IS FULL TO PART TIME, MONDAY THROUGH FRIDAY.
PARENT FEE: \$88.00 (APRIL ON)
AUTHORIZATION LAST CHANGED ON 03/28/2007 AT 12:55:42 AM

Indicates parent fee to be paid and the effective date

Indicates the number of units authorized, the rate of pay, and other information related to when care will be used.

IN 04/2007 YOU MUST PAY A PARENT FEE OF \$88.00 . YOU MUST CONTINUE TO PAY \$88.00 TO PROVIDER NAME EACH MONTH UNTIL YOU RECEIVE WRITTEN NOTICE THAT YOUR PARENT FEE HAS CHANGED OR YOU RECEIVE WRITTEN NOTICE THAT YOUR CHILD CARE ARRANGEMENTS ARE TERMINATED.

IF YOU HAVE QUESTIONS ABOUT YOUR CHILD CARE ARRANGEMENTS, PLEASE CONTACT WORKER NAME AT WORKER NUMBER. IF YOU DO NOT AGREE WITH THE INFORMATION ABOVE, YOU HAVE UNTIL 04/12/2007 TO APPEAL. SEE THE REVERSE SIDE OF THIS DOCUMENT FOR FURTHER INFORMATION ON YOUR APPEAL RIGHTS.

Case worker's/County contact information

WORKER NAME
CHILD CARE SPECIALIST
COUNTY DEPARTMENT OF SOCIAL SERVICES
WORKER PHONE NUMBER