

STATE OF ALASKA
CHILD CARE ASSISTANCE PROGRAM

BILLING REPORT INSTRUCTIONS

Note: Complete in ink. If you make an error cross it out with a single line, put the correct figure neatly above it, and initial the correction. **Do not use correction fluid or erase on this form.**

1. Parent: write in your name and your mailing address, city and zip code.
2. Parent: write in your telephone number(s).
3. Write in the month and year services were provided.
4. Write in the first and last name of your In-Home Provider.
5. Enter your child's first and last name.
6. Circle one: I = Infant (birth thru 18 mo.), T = Toddler (19 mo. thru 36 mo.), P = Preschool Age (37 mo. thru 6 yrs.), or S = School Age (7 yrs. thru 12 yrs.).
7. Enter a "P" for part-time (up to and including 5 hours of care) or an "F" for full-time (over 5 up to and including 10 hours of care) for each day the child attended the facility. If billing on an hourly rate, enter the number of hours care was provided.
8. Enter the total number of P's, the total number of F's, and/or the total hours (if billing at an hourly rate) in each box.
9. In the STATE RATE column, enter the daily State Rates for the care being billed. Enter the total in the TOTAL column.
10. Enter the total charge for the child for the month, using the rates listed in the STATE RATE column.
11. Enter your family contribution amount from the authorization. **If you have more than one child in care, enter the total contribution next to the youngest child, and enter "0" next to the other children.**
12. Subtract the amount in column 11 from the amount in column 10. Enter this amount in column 12, "State Payment Amount."
13. Circle the authorized care as stated on the authorization: Enrollment or Attendance.
14. You the parent signs here. In signing, you certify that the information provided on this form is true and correct, that you were engaged in eligible activities during the hours that are being billing for on this form, and that you have complied with all federal and state wage requirements and tax withholding and reporting requirements as the employer of your in-home provider.
15. Your In-Home provider signs here. In signing, the provider certifies that he/she provided child care to the children listed on this billing during the hours reported on this form.
16. Enter any pertinent comments in this section.
17. Subtotal columns 10, 11 and 12 and enter the amounts in the subtotal boxes.
18. When you have totaled all pages, write those amounts in the totals boxes of the last page only ("Total of all Pages").
19. Enter the page number and total number of pages on each page.