INSTRUCTIONS
PASS I CHILD CARE BILLING REPORT

Please print or type all information

NOTE: Complete the Child Care Billing Report in ink. Cross out errors with a single line and write the correct figure above the error; initial the correction. To insure prompt payment, return completed Billing Reports to the Public Assistance office by the 5th of the month after care is provided

Do not use white out on this form

1. Enter information in: Calendar month being billed; Owner/Provider; Facility Name (as it appears on your business license); Mailing Address; Federal Tax ID or SSN; City/Zip; Vendor Number (if known - located on warrant stub); and Phone Number.

2. **Print** each child's full name and their parent's full name in the space provided.

3. Indicate the child's actual attendance in the dated boxes by marking F, P, or the number of hours.
   F = full time (over 5 hours/day)
   P = part time (over 2, to and including, 5 hours/day)
   Enter a number of hours if 2 hours or less/day
   Enter additional authorized overtime hours (hours over 10/day) below the box.

4. TOTAL UNITS BILLED: Place number of Ps, Fs, and/or hours being billed in the corresponding boxes.

5. CIRCLE ONE: Circle Enroll (enrollment) or Attn (attendance) as indicated on your *Authorization Agreement for Child Care.*

6. SCALE column: Circle I, T, C or S indicating the age of the child.
   I = Infant (0 thru 18 months)
   T = Toddler (19 thru 36 months)
   C = Child (37 months through 6 years)
   S = School Age (7 years through 12 years)

7. Attendance Billings: RATE Column: Enter daily rates for the type of child care being billed.
                            TOTAL AMOUNT Column: Multiply the number under TOTAL UNITS
                            BILLED by the corresponding RATE. Enter the result in this column.

8. Enrollment Billings: RATE Column: Leave blank
                            TOTAL AMOUNT Column: Enter the monthly authorized rate

9. Add all figures in the TOTAL AMOUNT column and enter the result in the SUBTOTAL box.
   Add the amounts in the SUBTOTAL box from each page and enter the total of those amounts in the TOTAL box of the first page only.

10. Sign and date each page. In signing, you (the provider) certify that all information is true and correct.

11. Number all pages in order in the space provided.