

## RELATIVE CHILD CARE PROVIDER RATE AGREEMENT

Provider's Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

### A. Co-payment information

1. For certain child care programs, the parent or guardian will be required to pay a co-payment, based upon the federal child care program fee schedule.
2. The amount of the co-payment is determined by DES and is indicated on the Certificate of Authorization form.
3. The client shall pay the required co-payment directly to the provider.

### B. Rate information

1. The units of service reported for reimbursement cannot exceed the maximum number of units authorized.
2. The client is responsible for payment of any units of service used that are in excess of the authorized number.
3. The client is responsible for payment of any additional charges directly to the provider.
4. The provider shall give the client receipts for payment of fees, if requested.

### C. DES will pay the rates indicated below:

Full Day: (D) Six (6) hours or more of child care per day.

Part Day: (L) Less than six (6) hours of child care per day.

RATES FOR RELATIVE PROVIDERS ARE ESTABLISHED BY THE DEPARTMENT OF ECONOMIC SECURITY Effective July 1, 2021	
FULL DAY RATES (6 HOURS OR MORE OF CARE PER DAY)	PART DAY RATES (LESS THAN 6 HOURS OF CARE PER DAY)
\$15.00	\$8.50

I understand that the amounts listed above are the amounts I will receive from DES for each day when I care for an eligible child, **minus any DES-required co-payment.**

Authorized Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The signature must be the same as the name on the Relative Child Care Provider Registration Agreement.