

**PROVIDER/PARENT/GUARDIAN'S AGREEMENT FOR CHILD CARE CHARGES**

CHILD CARE PROVIDER'S NAME	CHILD CARE PROVIDER'S TAX ID NO.
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PARENT/GUARDIAN'S NAME (First, Last) \_\_\_\_\_

CHILD'S NAME(S) (First, Last) \_\_\_\_\_

1<sup>st</sup> Child \_\_\_\_\_ 2<sup>nd</sup> Child \_\_\_\_\_

3<sup>rd</sup> Child \_\_\_\_\_

DAILY CHILD CARE CHARGES LINES 1-8 MUST BE COMPLETED	FULL DAY (6 hrs. or more)			PART DAY (Less than 6 hrs.)		
	1st	2nd	3rd	1st	2nd	3rd
1. Provider's daily rate.	\$			\$		
2. Meals: Enter <u>daily</u> cost (If cost of meal is included in the Provider's Daily Rate on line 1, enter 0).	\$			\$		
3. Transportation: Enter <u>daily</u> cost (If cost of transportation is included in the Provider's Daily Rate on line 1, enter 0).	\$			\$		
4. Add lines 1, 2, & 3, enter amount. TOTALS ARE THE PROVIDER'S PROJECTED DAILY CHILD CARE CHARGES.	\$			\$		

DES REIMBURSEMENT RATE/ASSIGNED COPAYMENT	FULL DAY (6 hrs. or more)			PART DAY (Less than 6 hrs.)		
	1st	2nd	3rd	1st	2nd	3rd
5. Enter amount DES will subsidize the provider (See CC-214, Child Care Provider Rate Agreement).	\$			\$		
6. Enter amount of Parent/Guardian's <u>daily</u> DES Assigned Copayment (See Certificate of Authorization).	\$			\$		
7. Subtract line 6 from line 5 and enter amount. THIS IS THE DAILY RATE DES WILL REIMBURSE THE PROVIDER.	\$			\$		

PARENT/GUARDIAN'S RESPONSIBLE DAILY CHARGES	FULL DAY (6 hrs. or more)			PART DAY (Less than 6 hrs.)		
	1st	2nd	3rd	1st	2nd	3rd
8. Subtract line 7 from line 4 and enter amount. THIS IS THE DAILY AMOUNT OF THE PROVIDER RATE NOT SUBSIDIZED BY DES, <u>AND</u> THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO REIMBURSE THE PROVIDER.	\$			\$		

ADDITIONAL FEES THE PARENT/GUARDIAN ARE RESPONSIBLE TO PAY						
DESCRIPTION	FREQUENCY OF PAYMENT			AMOUNT OF PAYMENT		
Registration Fees:				\$		
Other (Specify):				\$		
Other (Specify):				\$		

This Agreement for Child Care Charges will expire on (enter "Authorization End Date" from Certificate of Authorization) \_\_\_\_\_ or when program eligibility changes; thereby resulting a change to the established daily charges on line 8.

**SIGNATURES (Provider/Parent/Guardian are required to sign and date below)**

As the parent/guardian of the child(ren) in care, I agree to accept responsibility for the payment of the DES Assigned Full/Part Day Copayment on line 6, the Full/Part Day Charges listed on line 8 or any "Additional Fees."

PARENT/GUARDIAN'S SIGNATURE	DATE
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As the provider, I understand that the DES will not monitor the parent/guardian's payment for charges that exceed the Full/Part Day Charges on line 7, the Full/Part Day Charges listed on line 8 or any "Additional Fees."

CHILD CARE PROVIDER'S SIGNATURE	DATE
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**DISTRIBUTION: Original (white) - for provider; Copy (canary) - for parent/guardian**

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact 602-542-4248; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en la oficina local.