

## RELATIVE CHILD CARE PROVIDER RATE AGREEMENT

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

### A. Copayment information

1. For certain child care programs, the parent or guardian will be required to pay a copayment, based upon the federal child care program fee schedule.
2. The amount of the copayment is determined by DES and is indicated on the Certificate of Authorization form.
3. The client must pay the required copayment 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 exceed the authorized number.
3. The client is responsible for payment of any additional charges directly to the provider.
4. The provider must give the client receipts for payment of fees, if requested.

### C. DES will pay the Daily Rate indicated below:

Daily Rate: (D) 15 minutes or more of child care per day

RATES FOR RELATIVE PROVIDERS ARE ESTABLISHED BY THE DEPARTMENT OF ECONOMIC SECURITY Effective November 1, 2022	
Daily Rate (15 minutes or more of care per day)	
	\$15.00

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 copayment.**

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

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