

Child Care Assistance Program Financial Tracking Form

Instructions

Purpose: Use the form to record child care expenses paid by other sources than the Child Care Assistance Program (CCAP). Use of this form is optional; providers may use other methods to document expenses paid by other sources.

Child care providers who accept third-party payments must maintain family-specific documentation of payment source, amount, type of expenses, and time period covered by the payment (Minnesota statutes 119B.09, subdivision 11). Examples of other sources include Early Learning Scholarships, Post-Secondary Child Care Grant, child care support, and other types of scholarships or financial aid.

Examples of child care expenses paid by other sources may include copays, transportation or activity fees, the amount of a provider's charge not covered by the CCAP maximum rate, breaks or reductions in the CCAP authorization, and other fees.

Provider Responsibilities:

You are encouraged to layer CCAP with other funding sources to help families cover the full cost of care.

Do not bill CCAP for costs that are covered by other sources. You are responsible for keeping accurate records and ensuring that you do not bill CCAP for costs covered by other sources.

You are responsible for maintaining documentation of child care expenses paid by other sources than CCAP and providing this documentation to the county or tribal agency if requested. You may use this form or other methods to document expenses paid by other sources (including keeping a copy of scholarship invoices for children receiving Early Learning Scholarships).

Example

Child care name: *ABC Daycare*

Dates of service: (Providers may choose frequency of completion; weekly, biweekly, monthly, etc.)

TO (mm/dd/yyyy)	FROM (mm/dd/yyyy)
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Family name (first and last)	Child name (first and last)	Total charges for this period	Payments made by the family for this period	CCAP payment for this period	Payments from other sources for this period	List type of expense covered and source of payments from other sources
<i>John Olson</i>	<i>Laura Olson</i>	<i>\$400</i>	<i>\$100</i>	<i>\$200</i>	<i>\$100</i>	<i>Post Secondary Child Care Grant covers charges above CCAP maximum rate.</i>
<i>Maria Rivera</i>	<i>Luis Rivera</i>	<i>\$600</i>	<i>\$0</i>	<i>\$420</i>	<i>\$180</i>	<i>Early Learning Scholarships covers copay and amount of charge above CCAP maximum rate</i>

Agency use — in fillable field below, enter a contact number that can assist with the request to interpret this document.

Attention. If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ደኩመንት የሚተረጉም ለሰነድ ለላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိာ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လိာ် တီလိာ်စိတခါအံၤန့ၣ်,ကိးဘဉ်လိာ်ဝဲန့ၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໄປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພໍ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la' aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)



For accessible formats of this information, ask your county worker. For assistance with additional equal access to human services, contact your county's ADA coordinator.

ADA4 (2-18)

Child Care Assistance Program Financial Tracking Form

Child care name _____

Dates of service

FROM (mm/dd/yyyy)	TO (mm/dd/yyyy)
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Family name (first and last)	Child name (first and last)	Total charges for this period	Payments made by the family for this period	CCAP payment for this period	Payments from other sources for this period	List type of expense covered and source of payments from other sources
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Note:
Type of expenses covered may include copays, transportation or activity fees, the amount of a provider's charge not covered by the CCAP maximum rates, breaks, or reductions in CCAP authorization, and other fees.