

How to Complete the Child Care Attendance Record and Billing Form

- 1) Please be sure to complete the Provider Information by printing your name, address, phone number, e-mail address and provider ID or provider license number.
- 2) The Attendance Record and Billing Form **must be completed in black or blue ink** and returned to the county department by the 20th day of the month after you provided care.
- 3) After manual claims are processed, if you have provided your e-mail address, the payment amount will be e-mailed to you.
- 4) If you do not turn in your billing form within two months, you will not be paid for those services.
- 5) The month you are billing for must be in the top right corner.
- 6) Only one month per billing form.**
- 7) Larimer County requires the number of hours the authorized child was in care each day. **Do not put** an “X”, “F”, “P”, “V”, “T”, etc. If less than 5 hours, write the number of hours on the “P” line. If 5 or more hours write the number of hours on the “F” line. For Alternative rates – less than 5 hours, write the number of hours on the “T” line. If 5 or more hours write the number of hours on the “V” line.

F	<- USE THIS LINE TO WRITE IN FULL TIME DAYS ~ OVER 5 HOURS
P	<- USE THIS LINE TO WRITE IN PART TIME DAYS ~ UNDER 5 HOURS
V	<- USE THIS LINE TO WRITE IN FULL TIME NIGHTS / WEEKENDS ~ OVER 5 HOURS
T	<- USE THIS LINE TO WRITE IN PART TIME NIGHTS / WEEKENDS ~ UNDER 5 HOURS

Definitions of Alternative hours: (must be authorized)

Evening Care: When 25% or more of the total time that the children are in care is between the hours of 6 p.m. and 6 a.m.

Weekend Care: Care given to children between the hours of 6 p.m. Friday and 6 a.m. Monday.

Always complete the “total days used”, “subtotal”, and “total amount to be reimbursed” sections and sign and date your bill.

Please send your completed billing form to: **ATTN: Child Care Billing**
Larimer County Department of Human Services
2601 Midpoint Drive, Suite 112
Fort Collins, CO 80525

Additional forms are available here: larimer.org/dhs/assistance/ccap_provider_forms.htm