Child Care Attendance Record and Billing Form County: LARIMER Month / Year Provider Legal Name: PAGE: of Address: City, State, Zip: Provider ID / License # Rate per Rate 18 19 20 21 22 23 24 25 26 27 28 used day Sub total Parent fee Total Child Name Child Auth Tech State ID County Error System Error REASON FOR BILLING -> Other: parent fee paid (Yes / No) Registration \$ Activity \$ Transportation \$ Child Name Child Auth Tech State ID REASON FOR BILLING -> County Error System Error Other: Activity \$ Transportation \$ parent fee paid (Yes / No) Registration \$ Child Name Child Auth Tech State ID

County Error REASON FOR BILLING -> System Error Other: Activity \$ Transportation \$ parent fee paid (Yes / No) Registration \$ TOTAL YOU MUST SUBMIT A SIGN IN/OUT SHEET FOR HOURS BILLED FOR EACH CHILD FOR THE MONTH BILLED BEFORE THE PAYMENT CAN BE PROCESSED. I certify that the above Child Care Attendance Record and Billing Form is accurate and complete for care actually provided and for which payment has not been received through the automated sytem ATS. I understand and certify that I am in compliance with the law concerning discrimination under the Civil Rights Act of 1964 and Section 504, Rehabilitation Act of 1973 which prohibits payment to anyone providing care and services under federally assisted programs unless such services are provided without discrimination on the basis of race, color, sex, age, religion, political beliefs, national origin, or handicap. I further certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department. adjustment # Provider Signature FOR COUNTY USE ONLY. Date Phone Number PRINT E-mail address Human Services Designee

How to Complete the Child Care Attendance Record and Billing Form

- 1) Please be sure to complete your Provider Information by printing your name, address, phone number, e-mail address and provider ID or provider license number.
- 2) This is a legal document. Please retain a copy for your records
- 3) The Attendance Record and Billing Form **must be completed in black or blue ink** and returned to the county department within 60 days per contract. If you do not turn in your billing form within two months, you will not be paid for those services.
- 4) After manual claims are processed, the payment amount will be e-mailed to you.
- 5) The month you are billing for must be in the top right corner.
- 6) Only one month per billing form.

OR

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 Other rates - less than 5 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
Т	<- USE THIS LINE TO WRITE IN PART TIME NIGHTS /WEEKENDS~ UNDER 5 HOURS

Evening Care: When 50% or more of the total time that the children are in care is between the hours of 6:31 pm and 5:59 a.m.

Weekend Care: Care given to children between the hours of 6:31 p.m. Friday and 5:59 a.m. Monday.

Overnight Care: A daily rate used when care provided spans the midnight hour

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

1501 Blue Spruce Drive Fort Collins, CO 80524

Email your completed billing form to: ggraham@larimer.org