



## 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.**
- 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 "T" line. If 5 or more hours write the number of hours on the "V" line.

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

OR

**Email your completed billing form to:** [ggraham@larimer.org](mailto:ggraham@larimer.org)