

CHILD CARE BILLING for (Month and Year): _____
CHILD CARE PROVIDER COMPLETES

Return to the parent on the 1st working day following the billing month

CLIENT'S NAME: (First, Middle, Last): _____

Case Number _____

WORKER NUMBER: _____

1. Complete the following information.		New Address? <input type="checkbox"/> Yes <input type="checkbox"/> No
PROVIDER / SITE NAME (First, Middle, Last)	BILLING ADDRESS (Street, City, State, ZIP Code)	
TELEPHONE NUMBER Cell: _____ Home: _____	SOCIAL SECURITY NUMBER/TAX I.D. NUMBER: _____	
2. I am: <input type="checkbox"/> Licensed <input type="checkbox"/> Licensed-Exempt (Non-Licensed) Facility License Number: _____	3. Child Care is provided in: <input type="checkbox"/> Family Day Care Home <input type="checkbox"/> Child Care Center <input type="checkbox"/> My Home <input type="checkbox"/> Child's Home Other: _____	
4. Annual Registration Fee: \$ _____		

5. CHILD'S NAME & SHOOOL HOURS	6. MONTHLY TOTAL NO. OF HOURS, DAYS, WEEKS, MONTH	7. RATE	8. REQUESTED MONTHLY TOTAL
Child's Name: _____ School Hours: from ____ to ____ Child's Age ____ <input type="checkbox"/> Child not in school	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Part-Time Week <input type="checkbox"/> Full-Time Week <input type="checkbox"/> Part-Time Month <input type="checkbox"/> Full-Time Month	X Rate: \$ _____ =	\$ _____
Child's Name: _____ School Hours: from ____ to ____ Child's Age ____ <input type="checkbox"/> Child not in school	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Part-Time Week <input type="checkbox"/> Full-Time Week <input type="checkbox"/> Part-Time Month <input type="checkbox"/> Full-Time Month	X Rate: \$ _____ =	\$ _____
Child's Name: _____ School Hours: from ____ to ____ Child's Age ____ <input type="checkbox"/> Child not in school	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Part-Time Week <input type="checkbox"/> Full-Time Week <input type="checkbox"/> Part-Time Month <input type="checkbox"/> Full-Time Month	X Rate: \$ _____ =	\$ _____
Child's Name: _____ School Hours: from ____ to ____ Child's Age ____ <input type="checkbox"/> Child not in school	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Part-Time Week <input type="checkbox"/> Full-Time Week <input type="checkbox"/> Part-Time Month <input type="checkbox"/> Full-Time Month	X Rate: \$ _____ =	\$ _____
Comments: _____			

CERTIFICATION

- I declare I am at least 18 years of age and that the hours of care and total monthly costs listed above are true and correct.
- I declare that I provided the child care listed above and that the hours of care and total monthly costs listed above are true and correct.
- I understand that if I am license-exempt, I must apply for TrustLine and Health & Safety Certification registration unless I am an aunt, uncle, grandparent, great-aunt, great uncle, great-grandparent to a child(ren) in my care, or a school or recreation facility.
- **I understand that the Social Security Number provided above may be used to check whether I am also receiving CalWORKs cash aid, CalFresh, and/or Medi-cal benefits and that I must report this income to my Eligibility Worker.**
- I understand that the rate I charge for the participant's children listed above, must be the same or lower child care rates that I charge other clients for the same service.
- I understand that the information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS), Alternative Payment Programs (APP), Resource & Referral Agencies, and the Franchise Tax Board (FTB).
- **I understand that the County does not act as my employer or have a business relationship with me when I get a child care payment.**
- I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution, with penalties or fine, imprisonment or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this form is true and correct.

SIGNATURE OF CHILD CARE PROVIDER	DATE
COUNTY USE SECTION:	
Date Child Care Authorized: _____ Total Billed:\$ _____ (-) Family Fee: \$ _____ Amount Paid:\$ _____ Paid through: _____	

CHILD CARE PROVIDER BILLING INSTRUCTIONS

Instructions for Child Care Provider: The Attendance and Child Care Billing form has been separated into two forms: Attendance Verification (SCD 1755A) and Child Care Billing (SCD 1755B). The SCD 1755A is used by CalWORKs Employment Services (CWES) clients for reporting attendance in all CWES activities. The SCD 1755B is completed by the child care provider for claiming child care for CWES clients participating in CWES activities. The client is required to submit the SCD 1755B along with the Attendance Verification form.

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- Section 1. If the address where you are providing child care has changed, indicate by checking "Yes". In the Provider/ Site Name group box, enter the name of your child care center. If your center is non-licensed, enter your first, middle and last names. In the Billing Address group box, enter the address where you are registered to receive child care payments. Enter your Tax I.D. number. For non-licensed centers, enter your social security number. Enter your telephone number.
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- Section 2. Check the appropriate box for provider type. If you are a licensed provider, enter your facility license number.
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- Section 3. Check the appropriate box that reflects where child care is provided. If you mark Other, please explain.
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- Section 4. Indicate if annual registration fee is being included for the billing month.
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- Section 5. Enter the child's name and school hours. If school hours do not apply, check the box, "Child not in school." Enter the child's age.
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- Section 6. Enter the monthly total numbers of hours, days, weeks or month. Below this figure, check the appropriate box that reflects the rate category (Hours, Days, Part-Time Week, Part-Time Month, Full-Time Week, or Full-Time Month).
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- Section 7. Enter the amount (rate) you charge and the rate category. Refer to the "Child Care Provider's Guide to CalWORKs Child Care" for the definition of the rate categories.
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- Section 8. Multiply the number of hours, days, weeks, or month in Section 6 by the rate in Section 7, and enter the total in Section 8.

Rate Category	Use when certified need for child care is . . .
Hourly	15 hours or less per week AND 6 hours per day.
Daily	Three days or less per week AND more than 5 hours per day.
Weekly Part-Time	16 to 30 hours per week AND the need occurs at least three days per week.
Weekly Full-Time	More than 30 hours per week.
Monthly Part-Time	16 to 30 hours per week AND the need occurs in every week of the month.
Monthly Full-Time	More than 30 hours per week AND the need occurs every week of the month.
NOTE: The provider's rate must correspond to the certified need of the family.	

Certification Read the Certification, then sign, date, and return the form to the **PARENT ON THE 1ST WORKING DAY OF THE MONTH FOLLOWING THE REPORT MONTH.**

Reminder: Return the completed Child Care Billing Form (SCD 1755B) to the client. The client is responsible to submit both forms to his/her Employment Counselor.

Important: Please notify the client's Employment Counselor immediately if the child stopped attending child care for 3 consecutive working days.