



Office Use Only

CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

REPORT OF FAMILY NON-PAYMENT

The Child Care Assistance Program (CCAP) may assist a child care provider in obtaining a payment plan from a CCAP participating family who has been authorized through the CCAP and has not paid their portion of child care costs. These costs include the family's co-pay, the difference between the child care provider's charges and what the CCAP paid on behalf of the family, and any other fees charged by the provider not covered by the CCAP. The following must apply:

- The child(ren) attended at least one day of care in the month of Non-Payment, per my attendance records; and
- I have a *Child Care Assistance Authorization* for the month of Non-Payment.

When a CCAP participating family owes you money as required to be paid under CCAP regulations, and you have attempted to collect and/or establish a payment plan with the family but the family has failed to pay or enter into a payment plan, and you want assistance in collecting, you must submit the information on this form **by the last day of the month following the month in which care was provided** for the family participating in CCAP and the required payment was not made.

The following items **must** be submitted with this form:

- Copies of child care provider's bill(s) provided to the family for the month of Non-payment identified;
- Copies of child care provider's outstanding balance notification(s) to the parent for the month identified; and
- Documentation of all payment(s) made to the child care provider by the parent for the month identified above.

The CCAP can require a family to enter into a payment plan with their provider, but cannot enforce the family's maintenance with the payment plan as that is the responsibility of the provider.

The CCAP cannot assist in obtaining payment for services provided during a month the family was not participating in the CCAP, was not authorized to your child care, or was authorized to your child care and the child did not attend during the month. The CCAP cannot assist in obtaining payment of services if you have exceeded the timeframe to submit this form. In these situations, monies owed to you is between you and the family.

Family's Parent Information

Name: _____ ICCIS Number: _____

Phone Number: _____

Child Care Provider Information

Name: _____ ICCIS Number: _____

Phone Number: _____

Family's Outstanding Financial Obligation to their Child Care Provider

Family Contribution (co-pay). My child care policies require payment of CCAP participating family's monthly co-pay to be made to me by (Date): _____ Family's co-pay is \$ _____
 Last day child(ren) was in child care: _____

Other/fee amount owed. Explain what the other amount the family owes is for, include each month, and the amount due: _____

Complete the information on the following pages for each child of the family in which monies are owed. If additional space is needed, please complete and attach a second form for additional children. List each month separately:

Service Month/Year not paid: _____ Print Child's Name: _____ Child's Date of Birth (MM/DD/YYYY) _____ Provider's Rate charged \$ _____ Any other provider charges + \$ _____ Total charges for child = \$ _____ Payment made by family - \$ _____ Provider Discounts - \$ _____ Subtotal owed = \$ _____ State of Alaska CCAP Payment - \$ _____ Grand total owed for this child = \$ _____	Service Month/Year not paid: _____ Print Child's Name: _____ Child's Date of Birth (MM/DD/YYYY) _____ Provider's Rate charged \$ _____ Any other provider charges + \$ _____ Total charges for child = \$ _____ Payment made by family - \$ _____ Provider Discounts - \$ _____ Subtotal owed = \$ _____ State of Alaska CCAP Payment - \$ _____ Grand total owed for this child = \$ _____
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Subtotal owed = \$ _____	Subtotal owed = \$ _____
State of Alaska CCAP Payment - \$ _____	State of Alaska CCAP Payment - \$ _____
Grand total owed for this child = \$ _____	Grand total owed for this child = \$ _____

Complete the information on the following pages for each child of the family in which monies are owed. If additional space is needed, please complete and attach a second form for additional children. List each month separately:

I understand it is my responsibility to maintain accurate records and communicate my policy requirements regarding payment for services with each family prior to enrolling their child. I further understand it is my responsibility to notify a family timely when a balance for services is owed and attempt to obtain the payment directly from them.

Submit this completed form with the verification listed on page 1 attached, to the local Child Care Assistance office who issued the *Child Care Assistance Authorization* documents.

Under penalty of perjury or unsworn falsification, I certify that the information I have provided on this form is truthful and accurate.

Printed Name of Child Care Provider

Date

Signature of Child Care Provider

Date