Office Use Only

CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

SUPPLEMENTAL PAYMENT REQUEST

Submit this form to the child care assistance office serving the family's community, when additional care the family was eligible for was not included in the family's *Child Care Assistance Authorization* document, and the provider has been paid for the service month. Supplemental payment requests for child care providers in the Municipality of Anchorage are to be submitted to the Child Care Program Office.

Family Name: Family ICCIS ID Number:

Supplemental Payment requested for Month and Year (MM/YYYY):

Child Care Provider/Facility Name:

Child Care Provider/Facility ICCIS ID Number:

1. First and Last Name of Child:

Total unit of care that should have been authorized:
Reason for Additional Care Requested:

(For CCA Use Only) Payment amount verified:_____
(For CCA Use Only) Supplemental payment amount: _____

2. First and Last Name of Child:

Total unit of care that should have been authorized:
Reason for additional care requested:

(For CCA Use Only) Payment amount verified:_____
(For CCA Use Only) Supplemental payment amount: _____

3. First and Last Name of Child:

Total unit of care that should have been authorized:
Reason for additional care requested:

(For CCA Use Only) Payment amount verified: _____
(For CCA Use Only) Supplemental payment amount: _____

Requestor's Agency Name

Requestor's Printed Name Requestor's Direct Phone Number

_____ _____
Requestor's Signature Date

The Supervisor of the child care assistance office serving the family's community must approve the request prior to the request being processed for additional payment.

1. The Payment Options Screen shows payment has been made. Yes ☐ (or) No ☐
If No, the authorization can be cancelled and recreated with the increase in the level of care.

2. The child attended at least 6 days per Payment Options. Yes ☐ (or) No ☐
If no, no supplemental would not be needed as the payment would remain at the part month.

☐ Approved (both 1 and 2 are marked "Yes")

☐ Denied - Explain reason for denial (1 and/or 2 is marked "No")

_____
Designee Agency Name

_____ _____
Designee Supervisor's Printed Name Direct Phone Number

_____ _____
Designee Supervisor's Signature Date