



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

AMENDED REQUEST FOR PAYMENT

This form is to be used when a *Request for Payment* CC78 has already been submitted for the service month for a specific child **and**:

- Additional days of care were provided which were not included on the *Request for Payment* CC78. Attendance records for the child for the given month must be attached to the *Amended Request for Payment* CC79.
- A licensed provider is requesting payment for a registration fee not included on the *Request for Payment* CC78 form submitted for that service month. Attendance records are not required.

The *Amended Request for Payment* CC79 must be submitted by the last day of the second month following the month care was provided unless otherwise identified in a notice issued by the child care assistance program.

1. Care provided during the month and year of: _____

3. ICCIS #: _____

2. Facility/Provider Name and phone number: _____

Last Name, First Name	6 Additional Attendance			7 Notice Days	8 Reg. Fee	For CCA Use Only Combination of CC78 and CC79 Additional Payment		Last Name, First Name	6 Additional Attendance			7 Notice Days	8 Reg. Fee	For CCA Use Only Combination of CC78 and CC79 Additional Payment			
	PT	FT	S			NA	FT Mo +			PT	FT			S	NA	FT Mo +	
4. Child Last _____ First _____					Yes <input type="checkbox"/>	FT Mo +		4. Child Last _____ First _____					Yes <input type="checkbox"/>	FT Mo +			
						PT Mo +									PT Mo +		
						FT/PT Day +										FT/PT Day +	
						Amt Pd -										Amt Pd -	
5. Parent Last _____ First _____						9 Comments/Notes/ Discounts		5. Parent Last _____ First _____						9 Comments/Notes/ Discounts			
						Amt to Pay								Amt to Pay			
						AK IN +								AK IN +			
CCA Use Only						Reg. Fee +		CCA Use Only						Reg. Fee +			
						Total = <input style="width: 50px;" type="text"/>								Total = <input style="width: 50px;" type="text"/>			

STATEMENT OF TRUTH: Under penalty of perjury or unsworn falsification, I certify that the information provided on this form for the period indicated are true and accurate. I understand that if I provide false information on or with this form it may result in a determination of an intentional program violation and, any money obtained as a result must be paid back to the State of Alaska and a penalty will be imposed up to and including disqualification from program participation.

10. _____
Printed Name of Individual with Signatory Authority

Signature of Individual with Signatory Authority Date

11. _____
Printed Name of In-home Caregiver (If Applicable)

Signature of In-home Caregiver (If Applicable) Date

For CCA Use Only

Totals
This page \$ _____ All pages \$ _____

Verifier Initials: _____ Date Verified _____

VCN: _____

AMENDED REQUEST FOR PAYMENT INSTRUCTIONS

Please complete this form in ink. If you make a mistake cross it out with a single line, write the correct information neatly above it, and initial the correction.

1. Care provided during the month and year of: Enter the service month and year for which care was provided.
2. Facility/Provider Name and phone number: Enter your facility's business name, if applicable, or your first and last name and your contact phone number.
3. ICCIS #: Write in your ICCIS number. This is the eight digit number beginning with 100 issued to you in your Child Care Assistance Program approval notice by your local child care assistance office. Your ICCIS number can also be found on the *Child Care Assistance Authorization* document.
4. Child: On each child line enter the name of each child (last name, first name) for whom you have received a *Child Care Assistance Authorization* document and care was provided or notice days for the month entered on line 1. Ensure the first and last names match the authorization document.
5. Parent: On each parent line enter the name of each child's parent (last name, first name) as listed on the *Child Care Assistance Authorization* document. Ensure the first and last names match the authorization document.
6. Additional Attendance: Enter the number of days each child attended during the month **which were not included** on the *Request for Payment CC78* for this child, entered on line 1. The number of part time (PT) and full time (FT) days the child actually attended is to be entered in the corresponding box. For a school aged child who usually attends school who was in attendance due to being too ill to attend school, enter the number of those days attended in the "S" box, not in the PT and FT boxes. Sick days attended will be considered full time.
PT = care provided up to and including 5 hours in a day, or care provided over 10 hours in a day (for example: care provided for 12 hours in a day would be entered as 1 PT and 1 FT).
FT = care provided more than 5 hours and up to and including 10 hours in a day.
S = care provided for a **school aged child** who usually attends school who is in attendance due to being too sick to attend school. Enter actual number of sick days care was provided. The Child Care Assistance Program will pay for up to 5 sick days for a **school aged** child who usually attends school.
7. Notice Days: Enter the number of days the child was not in attendance during the notice period. The notice period is the 10 business days prior to care ending, whether notice was given or not.
NA = the number of days during the notice period the child was not in attendance not to exceed 10 days.
8. Reg. Fee Request: Check "Yes" if you are requesting payment of your published registration fee for this child during the month entered on line 1. The Child Care Assistance Program will pay up to \$50 one time per calendar year during a month the child was in care.
9. Comments/Notes: Only use this box if needed, to enter specific information pertinent to payment for the child. List any discount amount to be applied to the child here.
10. Printed Name of Individual with Signatory Authority: Enter the printed name of the individual within your facility's organization who has been designated with signatory authority, on each page of the *Amended Request for Payment CC79* form submitted.

Signature of Individual with Signatory Authority and Date: Enter the signature of the individual whose printed name was provided with signatory authority, and the date the form was signed, on each page of the *Amended Request for Payment CC79* form submitted.

In-home care: Enter the printed name and signature of the parent using In-home care, on each page of the *Amended Request for Payment CC79* form submitted.

11. Printed Name of In-home Caregiver (If Applicable): Enter the printed name of the family's In-home caregiver, on each page of the *Amended Request for Payment CC79* form submitted.
Signature of In-home Caregiver (If Applicable) and Date: Enter the signature of the caregiver whose printed name was provided, and the date the form was signed, on each page of the *Amended Request for Payment CC79* form submitted.
12. Page _____ of _____: Enter the current page number and the total number of pages submitted, on each page of the *Amended Request for Payment CC79* form submitted.