

Monthly Dependent Care Charges: Child Care Provider Form

HW0427 | REV 7/2016

Use this form to report charges for Child Care

Complete one form per child
1. Parents: Complete part A

Providers: Complete parts B-D 2. Sign and send the completed form to the Department

Contact the Department

Mail: P.O. Box 83720, Boise, ID 83720-0026

Phone: 1-877-456-1233 **Fax:** 1-866-434-8278

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Part A: Parent info	ormation Middle name	Last name	 e	Case number or Social Security number			
Parent address	City	/		State Zip code			
Phone number	Phone type (choose one	e) Email a	ıddress				
Part B: Provider in	nformation _{Provider I}	must be register	ed with IdahoSTARS	to be eligible for	r paym <u>e</u> nt		
Provider first name	Provider last nar		Business name		Vendor number v		
Provider address	City	City		Zip code	Phone number		
Part C: Tell us abo	out the child receivi	ing care					
First name	Last	name		Dat	te of Birth		
If yes, check all that app Is the owner Is the child's Part D: Tell us abo	of the facility the parent of direct care being provided Proceed to Part out the charges for e you submitting? (Choose Effective date enrollment Effective date)	or legal guardian? If by a parent or lead to the control of the c	egal guardian? invalid without care of of of (Only one)	one-time registrati	ion fee per child, per provider, is a		
Monthly cost (per child)	Total hours pe	er month A	re these full or partia	_	? (Choose one)		
Month of care			Full	Partial			
	1 + 5-1 t- acces no.			2			
Monthly cost (per child) \$	lotal nours pe	Total hours per month			? (Choose one)		
Signature Charges must be agree	ed upon by both parties. F i	inal charges ma	ay be submitted with	only the provide	er's signature.		
Provider printed name		Provider	signature		Date		
Parent printed name		Parent sign	gnature		 Date		