



Indian Township Child Care/CCDF/CCDBG Certificate Billing Form- (Weekly Childcare)



- Weekly Childcare submissions are due Monday's 10:00 am
- Monthly Submission are due the 1st Monday of each month by 10:00 am.

Week ending: _____

Name of Provider: _____

Address: _____

Phone number/Email: _____

Service Type Check one

• **Center Base**

• **Family Care**

• **In-home**

Hours Check one

• **FT-Full**

• **PT-Part**

• **HT-Half time**

• **QT-Quarter time**

CHILD CARE SERVICE DATES Start of the week (m/d) -- End of the week (m/d/yy)

Name of Child Receiving Services (Last, First)	m/d	m/d/yy	# of Hrs	Rate	Total\$

Comments

Total weekly/monthly

Charges: \$ _____

Infant/Toddler/Preschooler
Full time - 30+ hours a week

Part time - 20-29 hours a week

Half time - 10-19 hours a week

Quarter time - 0-9 hours a week

School Age

Full time - 30+ hours a week

Part time - 11-29 hours a week

Halftime - 6-10 hours a week

Quarter time - 0-5 hours a week

*Total billed to ITCC is not guaranteed to match what will be paid to the provider by the Certificate

Infant means a child six (6) weeks through twelve (12) months of age
 Toddler is a child thirteen (13) months through thirty-six (36) months of age.
 Preschooler is a child more than 36 months of age but not yet enrolled in Kindergarten.
 School age is a child enrolled in Kindergarten and up.

- In-home care (in the parents' home only)
- Family care (in the family home only) from a member of the child's immediate family (Adult sibling 18 and up Aunt, uncle, grandparent or great-grandparent).

Certification: I CERTIFY that the services listed on this statement were rendered on behalf of the above named persons; "under penalty of perjury" that this claim constitutes the full and complete charge for said services described above; that I will make no further claim for payment of these services; that these services have been provided without discrimination based upon age, race, color, creed, and or national origin; that this statement is subject to Federal and State Audit or Review.

Provider's Signature

Date

Parent/s Signature

Date

Send to: Email -ccdf@ITCCpass.com or T.D@ITCCpass.com or you can submit directly to our website @ <https://itccpass.com/> or send by fax to 207-796-0822 for processing