



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

This form is interactive

- **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 weekHalf time- **10-19** hours a weekQuarter time- **0-9** hours a week**School Age**Full time- **30 +** hours a weekPart time- **11-29** hours a weekHalftime- **6-10** hours a weekQuarter 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