

CHILD INFORMATION (CONTINUE)

3) Child's Name:

Child's Date of Birth:

Start Date:

End Date:

Days of Care:

Hours Per Week:

Approved Payment Rate(s):

Rate Per Hour \$

Rate Per Day \$

Rate Per Week \$

Rate Per Month \$

Other Approved Miscellaneous Fees:

4) Child's Name:

Child's Date of Birth:

Start Date:

End Date:

Days of Care:

Hours Per Week:

Approved Payment Rate(s):

Rate Per Hour \$

Rate Per Day \$

Rate Per Week \$

Rate Per Month \$

Other Approved Miscellaneous Fees:

TYPE OF ACTION

Child Care Approval

The family and child(ren) listed above have been approved for child care payment(s). The agency above will honor the start date, end date, day/hours of care, and payment rate for the family and child(ren) listed above, subject to any future changes.

If child care is approved for 30 days or less or will end within 30 days, no further notice will be sent.

Reauthorization/Extension/Change

Hours/Days

Rate

Other:

Termination

The last day the agency above will pay for child care is:

Denial

The participant's request for child care services has been denied.

COMMENTS