

\_\_\_\_\_  
SUBCODE

**SOUTH CENTRAL WDC  
REQUEST FOR PAYMENT FOR CHILD CARE**

Pay Period: \_\_\_\_\_ Month: \_\_\_\_\_ Year: 2005

Participant Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Childcare Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Names of Children:  
\_\_\_\_\_

\_\_\_\_\_ Total # of Children: \_\_\_\_\_

Working Connections Childcare available? \_\_\_\_\_ yes \_\_\_\_\_ no

If Different From  
Above,

DATE	# OF CHILDREN	TIME IN	TIME OUT	TOTAL HOURS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Hours for Pay Period: \_\_\_\_\_

Total Days \_\_\_\_\_ X \$ \_\_\_\_\_ Daily Rate = \$ \_\_\_\_\_ Total Daily Amount to be Paid

Total Hours \_\_\_\_\_ X \$ \_\_\_\_\_ Hourly Rate = \$ \_\_\_\_\_ Total Hourly Rate to be Paid

Total to be Paid for this Pay Period: \$ \_\_\_\_\_

\_\_\_\_\_  
Participant Signature Date

\_\_\_\_\_  
Childcare Provider Signature Date

\_\_\_\_\_  
Case Manager Signature Date

**Note:** \_\_\_\_\_ is responsible to pay only hours agreed upon in original contract verified through contract. Any additional daycare costs must be paid by the participant. Participant is responsible for delivery of this form with time sheet to case manager.