_____
SUBCODE

SOUTH CENTRAL WORKSOURCE COUNCIL
REQUEST FOR PAYMENT FOR CHILD CARE

Pay Period: _____ Month: _____ Year: _____

Participant Name: _____ SS#: _____

Child Care Provider: _____

Address of Provider: _____

Names of Children:
_____

_____ Total # of Children: _____

DATE	If Different From Above, # 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 Child Care 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.

Release Date July 1, 2007