

**INSTRUCTIONS FOR COMPLETING
CHILD CARE MONTHLY TIME SHEETS**

This form is to be completed by you and your childcare worker employee. You must submit this form, along with the provider of care claim form by the 2nd working day of each month.

Family Member Vendor Name: Print your full name.

Client Identifier Number (UCI#): This number is the Client ID# included on the Authorization to Purchase Services form. Indicate the number.

Vendor Number: This is included on the Authorization to Purchase Services form. Indicate the number.

Respite Site Address: Print the address.

Employee's Name: Print the employee's name.

Employee's Age: Indicate the employee's age.

Employee's Phone Number: Indicate the employee's phone number.

Employee's Social Security Number: Indicate the employee's social security number.

Employee's Signature: Employee must sign full name. Complete the form for a one-month period only. Please use a separate billing form for each childcare worker you use.

Date: Indicate each date service was provided.

Start Time/End Time: Indicate the time period during which service was provided.

Number of Hours: For each date service was provided, indicate the number of hours.

Total/Day: Number of hours X \$8.31 = Total/Day (per 3% reduction eff. 2/01/09).

Monthly Total: Indicate the sum of the Total/Day Column.

Family Member Vendor Signature: Sign your full name to certify that the conditions addressed in the paragraph above your signature are correct.

Date: Indicate the date you signed the form.