ATTENDANCE AND CHILD CARE BILLING

SIC	DE A	– CLIENT COMPL	_ETES TH	IS SE	CTION – PLEASE	PRINT				
1.									UR WORKER	
2.	NAME (First, Middle, Last) SOCIAL SECURITY NUMBER						ł	COUNTY USE		
										CHILD CARE:
	ADDRESS (Street, City, State, ZIP Code)									Date Approved:
	HOM	HOME PHONE CELL PHONE WORK PHONE								·
	()		()		()			Total Billed:
3.	Are y	ou working?	□ Yes	□ No						\$
	Since your last report have you had changes in: D Employment D Address D Other								(-) Family Fee \$	
4.									Potential Payment:	
5.	activity and/or work. List the number of hours you worked and/or participated in your assigned activity each day in the report month. (Write "0" on days you did not go to work and/or attended your activity. Do not include your travel time or lunch time in the total hours.)							Amount Paid: \$ Paid through:		
A	A B (Activity One/Employment) (Activity Two/Employment)									
	ay	Work/Activity	Total	Day	Work/Activity	Total	Day	Work/Activity	Total	TRANSPORTATION
	uy	Schedule	Hours	Duy	Schedule	Hours	Duy	Schedule	Hours	Mo:
1	A B	to to		12 A B	to		22 A B	to to		Amount: \$
2		to		13 A	to		23 A	to		Date:
	В	to		В	to		В	to		Wrkr #:
3	A B	to to		14 A B	to to		24 A B	to to		WEEKLY ST
4	A B	to		15 A B	to		25 A B	to		
5		to		16 A	to to		26 A	to		Provider Sign-Off
J	В	to		B	to		B	to		Date:
6	A B	to to		17 A B	to to		27 A B	to to		Site (A):
7	A B	to to		18 A B	to to		28 A B	to		Staff Signature (A):
8	A B	to to		19 A B	to to		29 A B	to to		Phone:
9	A B	to to		20 A B	to		30 A B	to to		Date:
1	0 A	to		21 A	to		31 A	to		Site (B):
1	В 1 А В	to to to			MONTHLY HOURS:	A:	B	to		Staff Signature (B):
	5			110030						Phone:

I UNDERSTAND THAT:

CERTIFICATION

- I am certifying I worked or participated in my CWES activity(ies) on the days and for the number of hours listed above.
- If I do not send in a completed "Attendance and Child Care Billing" (SC 1755) my supportive services, such as child care; transportation; or work/ education and training payments may be delayed, changed, denied, or stopped.
- I have the right to choose the child care provider who is best for me and my child(ren)
- The provider must have a license or be exempt from having a license in order for me to get child care payment approved by CalWORKs.
- If I choose a license-exempt child care provider, (s)he must apply for or be TrustLine registered and meet Health & Safety Certification criteria unless (s)he is an aunt, uncle, grandparent, exempt school, or recreation program providing care.
- The information on this form may be shared with other state and local agencies, Resource and Referral Programs, Alternative Payment Programs (APPs) and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
- I must pay back any child care and transportation or other payments I am not entitled to get.
- The County does not act as the child care provider's employer, and does not have a business relationship with the provider when a child care payment is
 paid.
- If I choose child care in my home, I am the employer and am responsible for the Social Security tax. I also understand that if I have the child care provider work 20 hours a week or more in my home, I have to pay at least minimum wage and be responsible for state disability, and federal and state unemployment taxes according to the Fair Labor Standards Act (FLSA).

• I am authorizing the County to get any verification necessary to process this request and that statements made on this form are subject to investigation. I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in SIDE A on this report is true and correct.

CLIENT'S SIGNATURE

SIDE B – CHILD CARE PROVIDER FILLS IN THIS SECTION (PLEASE PRINT)

1. Complete the following Information.	New Address? Yes No				
PROVIDER NAME (First, Middle, Last)	TELEPHONE NUMBER				
ADDRESS (Street, City, State, ZIP Code)	SOCIAL SECURITY NUMBER/TAX I.D. NUMBER				
2. I am: Licensed Licensed-Exempt (Non-Licensed)	3. Child Care is provided in:				
License Number:	Child's Home Other:				
4. Month/Year child care was provided:	Registration Fee: \$				

5. CHILD'S NAME & SCHOOL HOURS	6. RATE & *RATE CATEGORY		7. TOTAL NO. OF HOURS, DAYS, WEEKS, MONTH		8. MONTHLY TOTAL	
Child's Name:	Rate: \$	х	Hours Days Part-Time Week Full-Time Week Part-Time Month	II	\$	
Child's Name: to School Hours: from to Child not in school	Rate: \$	х	Hours Days Part-Time Week Part-Time Month Full-Time Month	II	\$	
Child's Name: to to	Rate: \$	Х	Hours Days Part-Time Week Part-Time Month Full-Time Month	=	\$	
Child's Name: to to to	Rate: \$	х	Hours Days Part-Time Week Full-Time Week Part-Time Month	II	\$	
Child's Name:	Rate: \$	х	Hours Days Part-Time Week Full-Time Week Part-Time Month	II	\$	
*RATE CATEGORIES: Hourly, Daily, Weekly Part-Time, Weekly Full-Time, Monthly Part-Time, and Monthly Full-Time. Refer to the Attendance and Child Care Billing Instructions for definitions.						

Comments:

CERTIFICATION

- I declare I am at least 18 years of age.
- I declare that I provided the child care listed above and that the hours of care and total monthly costs listed above are true and correct.
- I understand that if I am license-exempt, I must apply for TrustLine and Health & Safety Certification registration unless I am an aunt, uncle, grandparent, great-aunt, great-uncle, great-grandparent or a child(ren) in my care, or a school or recreation facility.
- I understand that the Social Security Number provided above may be used to check whether I am also receiving CalWORKs cash aid, Food Stamps, and/or Medi-cal benefits and that I must report this income to my Eligibility Worker.
- I understand that I must charge the rate I charge for participant's children listed above, the same or lower child care rates that I charge other clients for the same service.
- I understand that the information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS), Alternative Payment Programs (APP), Resource & Referral Agencies, and the Franchise Tax Board (FTB).
- I understand that the County does not act as my employer or have a business relationship with me when I get a child care payment.
- I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution, with penalties or fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the United States of America and the Sate of California that the information contained in SIDE B of this request is true and correct.

SIGNATURE OF CHILD CARE PROVIDER	DATE