



WELCOME TO THE BOULDER CHILD CARE ASSISTANCE PROGRAM!

The Colorado Child Care Assistance Program (CCCAP) utilizes the electronic CO Care Attendance System (ATS), which requires internet access and a compatible device: tablet, laptop, desktop or smart phone. Providers with an approved ATS Waiver are given permission to bill CCCAP via a Manual Claim.



The attached Boulder CCAP Manual Claim form is to be used monthly for attendance and billing (sample below). Please list all authorized Boulder CCAP children in your care. You must fill out this form in ink and return it to the county in order to receive payment for your services. You must keep a record of attendance check in/out signatures. These may be requested to support a Manual Claim.

Each county may have specific timelines for submission of the billing form. However, Bills are due within 60 days of care, with best practice of completing and submitting the claim by the 5th of the following month. If you do not submit your bill within 60 days, you will not be paid for those services. Counties have 15 days to process the manual claim. Payments are released at midnight the day the claim is processed.

Please submit bills to:

Boulder County DHHS
CCAP Program
515 Coffman street
Longmont, CO 80501
ccapbilling@bouldercounty.org
303.441.3354

Child Care Attendance Record and Billing Form

THIS IS A LEGAL DOCUMENT. PLEASE RETAIN A COPY FOR YOUR RECORDS.

Provider Legal Name: Enter the name that is on your child care

Page: If using multiple pages

Address: Enter FULL Mailing address

City, State, ZIP: Including city, State and zip

Provider ID / License #: Enter Provider License#

Acceptable Billing Codes: F - Full Time (>5:01hrs) P - Part Time (<5.00hrs) B/A= Before/Afterschool (<5.00hrs)

List Each Child Alphabetically D - Difference in Rate

| PRINT Child's Legal Name - Last Name, First Name, MI | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total Days | Rate Per | Sub Total | Parent Fee Y/N | Total | | | | |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|------------|----------|-----------|----------------|-----------------------------------|--|--|--|--|
| Enter FULL name of child | Use codes from above to fill in the days you are billing for this child | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Complete total # days being billed for this child, CCAP rate for care, subtotal, Parent fee deducted | | | | | Enter total amount for this child | | | | |

| Case # | Age | county only | Fund Source | REASON FOR BILL (required): | Payment Auth ID |
|------------------------|-----------------------------------|-----------------|-------------|---|-----------------|
| Enter CCAP case number | Enter child's age at time of care | County use only | | Please enter a reason for this bill (i.e. Days not paid through ATS, ATS or system error, etc.) | County use only |

| PRINT Child's Legal Name - Last Name, First Name, MI | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total Days | Rate Per | Sub Total | Parent Fee Y/N | Total |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------|----------|-----------|----------------|-------|
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Complete for any additional children

| Case # | Age |
|--------|-----|
|--------|-----|

| PRINT Child's Legal Name - Last Name, First Name, MI | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total Days | Rate Per | Sub Total | Parent Fee Y/N | Total |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------|----------|-----------|----------------|-------|
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------------|----------|-----------|----------------|-------|

Complete for any additional children- add pages as needed for more than three children

| Case # | Age |
|--------|-----|
|--------|-----|

PROVIDER MUST SUBMIT A PARENT AND PROVIDER SIGNED SIGN IN / OUT SHEET FOR HOURS BILLED FOR EACH CHILD FOR THE MONTH BILLED BEFORE THE PAYMENT CAN BE PROCESSED.

TOTAL \$ Enter total for this page only

You must SIGN this bill

Provider Signature

date

Phone Number

Enter phone number

PRINT E-mail address

Enter your email address

PLEASE RETURN TO:
 Boulder County DHHS
 CCAP Program
 515 Coffman St
 Longmont, CO 80501
 303-441-3354
 ccapbilling@bouldercounty.org



I certify the Child Care Claim Form is accurate and complete for care provided and for which payment has not been received through the State CCCAP Attendance Tracking System.