County: **BOULDER**

Child Care Attendance Record and Billing Form

Month / Year: _____

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

Provider Legal Name:_____ Page: _____ of_____

Address: _____ **City, State, ZIP:** _____ Provider ID / 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 Day	Sub Total	Parent Fee Y/N	Total

Case #	Age	county only	Fund Source	REASON FOR BILL (required):	Payment Auth ID

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 Day	Sub Total	Parent Fee Y/N	Total

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Case #	Age	county only	Fund Source	REASON FOR BILL (required):	Payment Auth ID

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 $

Provider Signature

Date

Phone Number

PRINT E-mail address

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.

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