County Name: Enter County Name	Child Care Claim For	r your records	County Use Only County Adj Id: County Inv #:
Provider: Enter Your Name Address Enter Your Complete Address	Month:Enter Month and Year	, 20	
1. Codes for care provided P=parttime F 1 2 3 4 5 2. Dates 2		1 time/full time 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 0 1 2 2 2 2	2 3 3 3
Name, Case #, Case # CCCAP Worker Worker Please explain reason for manual	Enter ONE code (day type) listed abov provided but not paid through POS au payment system.		Y/N
claim for above child► Name: Case = Worker:			Paid Y/N
Please explain reason for manual claim for above child ►	Example Below:		
Name Child's Name			3 P. 13.94 \$78.26 Paid F: 25.19
Please explain reason for manual claim for above child ►	ot have her card until 14 days after the first date of car	e and was unable to complete prev	rious check-ins/previous check-outs for these days. TOTAL \$ 52.76
Marking "Y" (yes) shows the parent has paid the p	d complete for care provided and for which payment has arent fee or made payment arrangement to pay the parent atal fee and this will make the parent ineligible for child of statements Enter Date Completed Date	l payment for this claim. are until the parental fee has been pa	ce.