

COUNTY CODE: ____

PELICAN ID: _____

APPENDIX C-1: CCIS SUBSIDIZED CHILD CARE PROVIDER REPORTED RATES, FY 2017-2018 (Regulated Providers Only)

Facility Name:			
Address:			
City:		State:	Zip:
Telephone: ()		County:	
Type of Program:	<input type="checkbox"/> Center	<input type="checkbox"/> Group	<input type="checkbox"/> Family

Provider's Rate(s):

A copy of your published rate must accompany this form

Enter your current rates. Enter N/A if the service is not provided.	0-12 months	13-24 months	25-36 months	37 months to date child enters Kindergarten	Kindergarten up to 13 th birthday SCHOOL YEAR	Kindergarten up to 13 th birthday SUMMER ONLY
What is your weekly rate per child for FULL-TIME care (five days per week, Monday through Friday)? Full-Time = 5 or more hours of care per day	\$_____ per week	\$_____ per week	\$_____ per week	\$_____ per week		\$_____ per week
What is your weekly rate per child for PART-TIME care (five days per week, Monday through Friday)? Part-Time = less than 5 hours of care per day	\$_____ per week	\$_____ per week	\$_____ per week	\$_____ per week	\$_____ per week	

* I will accept a blended school year rate.

I confirm that these are my current rates.

Provider Representative Signature and Title

Print Representative Signature

Date

*The subsidized child care program "blended rate" averages rates for 180 part days and 25 full days to create a standard school year rate. This creates one rate for the school year that incorporates days when a child attends child care full day. Failure to accept the blended rate will result in payment of a part-time rate for all 205 days during the school year.