

Box 1153
Wagner, SD 57380



(605) 384-3804 / 384-3641
FAX (605) 384-5687

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**CHILD CARE REQUEST FOR PAYMENT
BILLING INFORMATION**

Request for Payment forms can be submitted for the following time periods: 1st through the 15th of the month, 16th through the 31st of the month, or the 1st through the 31st (monthly).

MONTH AND YEAR	CHILD NAME	PROVIDER NAME	TOTAL HOURS CHILD CARE

PLEASE FILL IN THE DATES AND HOURS FOR WHICH CHILD CARE IS CLAIMED

TOTAL HOURS _____ X'S _____ PER HOUR = \$ _____. UNLICENSED PAYMENTS ARE \$1.75 PER CHILD PER HOUR. LICENSED FAMILY DAY CARE PAYMENTS ARE \$2.75 PER CHILD PER HOUR. LICENSED CHILD CARE CENTER PAYMENTS ARE \$2.75 PER CHILD PER HOUR. SPECIAL NEEDS CHILDRENS PAYMENTS ARE \$4.30 PER CHILD PER HOUR. ADD .5 PER HOUR PER CHILD FOR TRAVEL TIME.

CHILD CARE SERVICES PAYMENT AMOUNT: \$ _____

PARENTS PAYMENT AMOUNT: \$ _____

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct. I further agree to comply with the provisions of the Federally funded Child Care Services Program.

PROVIDER SIGNATURE

DATE

PARENT SIGNATURE

DATE