



CARE 4 KIDS
1344 Silas Deane Hwy,
Rocky Hill, CT 06067-1342
Toll Free Number 1888-214-KIDS (5437)

Name of Parent
Mailing Address
City, State Zip

Re: Child's Name
Family ID:
Redetermination Due Date:
Certificate Number:
Child Name:
Child's BirthDate:

Date:
Care 4 Kids Counselor:
Counselor Telephone Number:
Provider ID:

Child Care Certificate

This is your Child Care Certificate for Jane Smith. The Certificate starts February 1, 2002 and ends on July 1, 2002. Jane is approved to receive Full-Time¹ care from ABC Day Care in the Preschool age group. Look at the payment calculation below to see the payment amount and your Family Fee.

We are issuing this Certificate for the following reason(s):

- Your child is new to the Care 4 Kids program.

Family Fee:

The amount of the Family Fee that you owe your child care provider for this child is \$ 10 per week or \$43 per month. Please discuss your payment options with your provider.

Amount of Payment

(see Handbook for a description of these items)

MONTHLY CALCULATION

Care 4 Kids Basic Rate per Month (+):	\$
Payments from Other Sources (-):	\$
Ongoing Supplemental Special Needs (+):	\$
Family Fee for this Child (-):	\$
Total Payment Amount:	\$

Please note the following:

- The Total Payment Amount is what we will pay on a regular basis during the period of this Certificate. If we approve additional amounts for extra hours or other special payments, we will send you a separate notice.

Your provider may charge more than the Care 4 Kids Basic Rate listed above. In this case, your provider may charge you the Family Fee AND this additional amount. You are responsible to pay these amounts.

Care Level: Quarter Time is 1-15 hours per week; Half Time is 16-34 hours per week; Full Time is 35-50 hours per week; Extra Full Time is 51-65 hours per week.