



1344 Silas Deane Hwy,
 Rocky Hill CT 06067-1342
 1-888-214-KIDS (5437)
 Fax: 1-877-868-0871

SAMPLE FORM

For services provided during:
 Invoice number:
 Invoice Date:
 For payment, invoice must be returned no later than:

Provider ID:
 Provider SSN/FEIN:
 Phone number:
 Setting:

NAME of CENTER
 Mailing Address
 City, State Zip

Children in Care	Care 4 Kids Information							Provider totals for Month		Changes in Care				
	First name Last name	Certificate Number	Certificate Start Date	Certificate End Date	Care Level	Total Approved Hours per Month	Total Approved Days per Month	Provider Monthly Charge	Actual Days Attended this Month	Actual Charge this Month	Extra Hours this Month 4	Total Charge for Extra Hours	Check here if child is no longer in care	Last day of Care (if applies)

Thank you for providing care to families in the Care 4 Kids program. Your monthly invoice is above. Please mail or fax your invoice to the address (or fax number) above.

If you have any questions regarding this invoice, please call a Care 4 Kids payment worker at 1-888-214-KIDS (5437) or see our website at www.ctcare4kids.com.

Please note that incomplete invoices or invoices received before the 1st of the month will be returned and your payment may be delayed.

Provider Agreement: I certify that I provided the child care as marked on this invoice. I certify that my provider charges are reported accurately.

Provider Signature (required):

Date:

Notes:

¹Care Level: Quarter Time (QT) is 1-15 hours per week; Half Time (HT) is 16-34 hours per week; Full Time (FT) is 35-50 hours per week; Extra Full Time (EX) is 51 -65 hours per week.
² Enter the actual number of days this month the child was in your care
³ Enter your actual charge for this child this month (multiply your weekly charge by 4.3 weeks for the monthly charge)
⁴ If applicable, enter all EXTRA hours the child was in care, over the amount that is program approved. Please note that payment for extra hours requires an approved request from the parent
⁵ If applicable, enter your charge for these additional hours of care. Please note that payment for additional hours will not be made until the parent request is approved