

How to Read Your Care 4 Kids Invoice

The number of hours of care this child is authorized for:
 QT = 1 to 15 hours per week
 HT = 16 to 34 hours per week
 FT = 35 to 50 hours per week
 EFT = 51 to 65 hours per week

Children in Care	Care 4 Kids Information						
First name Last name	Certificate Number	Certificate Start Date	Certificate End Date	Care Level ¹	Total Approved Hours per Month	Total Approved Days per Month	Provider Monthly Charge
Tina Smith	0000000000	12/01/2001	06/30/2002	FT	192.86	21	1000
Joe Adams	0000000000	12/01/2001	06/30/2002	FT	192.86	21	1000
Amy Jones	0000000000	12/01/2001	06/30/2002	FT	192.86	21	1000

Total number of hours per month approved by Care 4 Kids.

Your actual charges from the PPA.

Enter what you actually charged for this child this month. (Your weekly rate times 4.3.)

Enter the number of days this month the child was in your care.

Put a check in this box if you are no longer caring for this child.

Enter the amount you charged for the extra hours.

Provider totals for Month		Changes in Care			
Actual Days Attended this Month ²	Actual Charge this Month ³	Extra Hours this Month ⁴	Total Charge for Extra Hours ⁵	Check here if child is no longer in care	Last day of Care (if applies)

If there is a child who is no longer in your care, enter the last date you cared for the child.

The left side of the invoice is the information that Care 4 Kids has on file. It lists the children in your care, their Certificate number, start date and the care end date, the level of care approved, the total approved hours per month, the total approved days per month and the your monthly charge as reported on the Parent Provider Agreement.

Please do not make any changes to this part of the invoice. If any information is incorrect please call your provider liaison at 888-214-5437.

The right side of the invoice is information you need to fill out so that you can be paid accurately. For each child in your care, please fill in the first two boxes (days attended and actual charges).

If any of the children in your care required extra hours of care or left your care during this month, please fill out the appropriate boxes.

Please make sure that you sign your invoice and return it to us by the date at the top of the invoice. We will be unable to make payment on any invoices that are returned late.