

Name
123 Test Street
Hartford, Connecticut 06106

CC-CA
Rev. 10/18

Case Number: 0000000

Child Care Certificate

RE: Name
Redetermination Due Date: 07/01/2019

Date: 08/21/2018
Case Manager:

Provider ID: 0000000
Certificate Number: 0000123456
Child Name: Name
Child's Date of Birth: 00/00/2012

This is your Child Care Certificate for [Child Name]. Child is approved to receive care from [Provider Name]. Look at the payment table on the next page to see the payment amount and your Family Fee.

We are issuing this Certificate for the following reason:

- Other

Family Fee:

The amount of the Family Fee that you owe your child care provider is listed in the payment table below. Please discuss your payment options with your provider.

Statement of Confidentiality:

This form may contain confidential client information, it should be handled in a secure way.

To see our recommended guidelines, please refer to our website at www.ctcare4kids.com/privacy.



Actual Reimbursement Rate

Amount of Payment

Start Date	End Date	Age Group	Care Level	Base Approved Payment Amount per Week	Special Needs	Monthly Provider Incentive (+)	Monthly Family Fee (for child) (-)	Total Monthly C4K Payment Amount
07/01/2018	08/31/2018	Pre-School Age	FT	\$150.00	No	NA	\$0.00	\$645.00
09/01/2018	07/31/2019	School Age	FT	\$146.00	No	NA	\$120.00	\$508.00

The Payment table shows the details of the certificate.

Total Monthly Payment paid to the provider by Care 4 Kids.

Care Level: Quarter Time (QT) is 1-15 hrs per week; Half Time (HT) is 16-34 Hrs per week; Full Time (FT) is 35-50 hrs per week; Extra Full Time (EFT) is 51-65 hrs

Age Group: Infant is 0 – 2 years; Pre-School is 3 – 5 years; School Age is 6+ years

Please note the following:

- *This Certificate replaces all previous versions of the Certificate for this child.*
- This Certificate mentions all information including any changes in the Payment Amount, Age Group or Care Level changes during the Certificate period.
- The Total Monthly 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 Base Approved Payment listed above. In this case, your provider may charge you the Family Fee AND this additional amount. You are responsible to pay these amounts.
- Base Approved Payment Amount per Week - the amount Care 4 Kids has approved prior to any positive or negative adjustments.
- The Care 4 Kids Basic Rate takes into account your child's special needs.

If you have any questions, please call Care 4 Kids at 1-888-214-5437.

A copy of this notice has been sent to the provider.

Thank you.

The additional payment for approved special needs is included in the Base Approved Payment Amount in the table above.