

Parent Name
Address
City, State, Zip

CC-CA

Case Number: 600000000

Child Care Certificate

RE: [Parent Name]

Date: 01/01/2024

Redetermination Due Date: 09/01/2024

Case Manager: [Name]

Provider ID: 200000000

Certificate Number: 0000123456

Child Name: [Child Full Name]

Child's Date of Birth: [MM/DD/YYYY]

This is your Child Care Certificate for [Child Full Name]. [Child First Name] 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. **If you disagree with any of the information listed on this certificate, please contact Care 4 Kids within 10 calendar days from the date of this notice.**

We are issuing this Certificate for the following reason:

- Your request for child care payment for this child is approved (17b-749-14(a)).

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.

Amount of Payment

Actual Reimbursement Rate

Total Monthly Payment paid to provider by Care 4 Kids

Start Date	End Date	Age Group	Care Level	Base Approved Payment Amount per Week	Special Needs	Monthly Provider Incentive (+)	Monthly Family Fee (for child) (-)	Other Agency Payment (+)	Total Monthly C4K Payment Amount
08/01/2023	02/28/2024	Infant/Toddler	FT	\$320.00	Yes	NA	\$150.00	\$0.00	\$1,226.00
03/01/2024	09/30/2024	Pre-School	FT	\$205.00	No	NA	\$150.00	\$0.00	\$732.00

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 applicable, the "Other Agency Payment" includes childcare related adjustment for Foster care or children Adopted for less than one year through Department of Children and Families (DCF).

Additional payment included in the Base Approved Payment Amount.

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

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

Thank you.