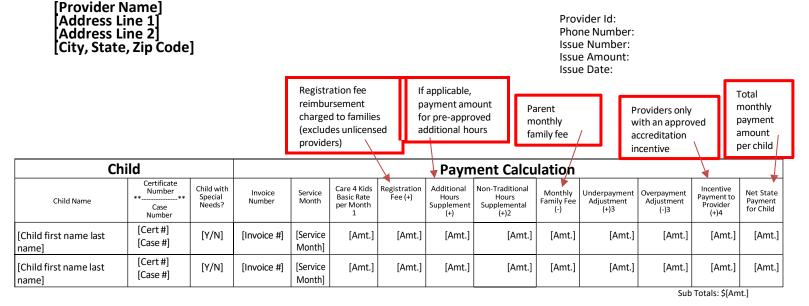


Care 4 Kids 55 Capital Boulevard Rocky Hill, CT 06067-1339 Phone: 1-888-214-5437 Fax: 1-877-868-0871



Provider	Payment Type Net State Payment	Net State Payment		
1anual Payment Type]	[Manual Payment Issuance Amt]			
Manual Payments/One- Time Incentives are listed	A. Total payments for children in care: Total Family Fee: Total Quality Bonus, Accreditation, and Non-Traditional Payments: Reimbursement for Underpayment: Deductions due to Overpayment:	\$[Amt.] \$[Amt.] \$[Amt.] \$[Amt.] \$[Amt.]	Total family fee amount deducted for all families	
separately from regular monthly payments	B. Provider Manual Payment/One-time Incentives (e.g. POP reimbursement): C. Deductions (e.g., liens, Union dues etc.): D. Total C4K Payment Amount:	\$[Amt.] \$[Amt.] \$[Amt.]	Total amount	

2 If applicable, these are supplemental payments to provide non-traditional hour services for the child.

3 If applicable, this includes child-related adjustments due to overpayments/underpayments. These adjustments apply to the child for a previous month of care. 4 If applicable, includes incentive payments per child for providers meeting quality and accessibility indicators.

[Retroactive Manual Payment Text]

[Longevity Manual Payment Text]

Electronic Payment Summary

[Provider Name] Address Line 1 [Address Line 2] [City, State, Zip Code]

Issue Number: **Issue Amount:** Issue Date: