

Adjustment Request Form

Adjustment Request

This form will only be accepted by Care 4 Kids if filled out by child care provider.

PROVIDER NAME: _____ SERVICE MONTH: _____

PROVIDER ID: _____ PARENT NAME: _____

REASON FOR ADJUSTMENT

___ Entered weekly charge instead of monthly charge on invoice

___ Entered approved amount instead of my monthly charges

___ Switched charges for children on invoice

___ Entered hours of care instead of charges

___ I provided extra care. Please document need for extra care below along with dates of care:

- Extra care needs to be documented. If the child needed extra care due to an absence from school; a school calendar, a letter from the school, or documentation from another appropriate source is required.

Other (please specify)

CORRECT PROVIDER CHARGES

Table with 3 columns: CHILD'S NAME, TOTAL MONTHLY CHARGE, EXTRA HOURS OF CARE. Includes three rows of blank lines for data entry.

I certify that all information provided on this form is accurate. If Care 4 Kids discovers that the information is incorrect, I may be subject to punitive action. I also understand that this request does not entitle me to an adjustment and that Care 4 Kids has the right to deny this request.

PROVIDER SIGNATURE _____ DATE _____

Please mail or fax this form to: Care 4 Kids, 55 Capital Blvd., Rocky Hill, CT 06067-1342 – Toll-free fax number: (877) 868-0871