

HOW TO COMPLETE A CaIWORKs CHILD CARE PROVIDER PAYMENT REQUEST FORM (Also Known as a PPR)

- A. Daytime Hours Columns-** Any child care hours provided Mon-Fri between 6am to 6pm.
- B. Evening Hours Columns-** Any child care hours provided Mon-Fri between 6:01pm to 5:59am
- C. Saturday Column-** Any child care hours provided on Saturday.
- D. Sunday Column-** Any child care hours provided on Sunday.

Weekly Schedule Sunday/Sat. September 2010	NUMBER OF CHILD CARE HOURS AND DAYS PROVIDED					Office Use Only		
	Daytime Hours 6:00AM to 6:00PM Weekdays		Evening Hours 6:01PM to 5:59AM Weekdays		Saturday		Sunday	Amount Provider is Claiming E
	Hours A	Days	Hours B	Days	Hours C		Hours D	
Week One Wed.1 - Sat.4							\$	\$
Week Two Sun.5 - Sat.11							\$	\$
Week Three Sun.12 - Sat.18							\$	\$
Week Four Sun.19 - Sat.25							\$	\$
Week Five Sun.26 - Thu.30							\$	\$
TOTAL: \$ F								\$

1. REPORT ANY CHANGES TO YOUR AGENCY LISTED ABOVE.
 2. PROVIDER MUST NOTIFY AGENCY WHEN CHILD IS ABSENT FIVE CONSECUTIVE DAYS.
 3. CHILD CARE IN EXCESS OF APPROVED RATES AND HOURS IS THE SOLE RESPONSIBILITY OF THE PARENT.
 4. INCOMPLETE OR INCORRECT PROVIDER PAYMENT REQUESTS WILL BE RETURNED FOR COMPLETION AND CORRECTION AND WILL HAVE TO BE RESUBMITTED, RESULTING IN A DELAY IN PAYMENT TO THE PROVIDER.
 5. PLEASE CALL THE AGENCY LISTED ABOVE IF YOU HAVE ANY QUESTIONS.

I declare under penalty of perjury that this information is true and correct, and that the child care was provided for the purpose for which child care was certified. I understand that I may be prosecuted for fraud and required to repay any overpayment resulting from false or incorrect information provided herein. I understand that over billing on this report can lead to legal action resulting in penalties of a fine, imprisonment or both. Any overpayment is subject to recovery by the agency. I certify under penalty of perjury that payment requested is only for child care services.

Parent Signature: _____ **G** Date: _____
 Provider Signature: _____ **H** Date: _____

- E. Amount Provider is Claiming Column-** The dollar amount you are billing for each week. (If a monthly rate is approved just enter the monthly rate in the total box F.)
- F. Total-** Add the dollar amount for each week and write in the total in the *Total Box*. Check your math prior to submitting to avoid the PPR from being returned.
- G. Parent Signature and Date-** Parent signs and dates the PPR in this section at the end of the service month.
- H. Provider Signature and Date-** Provider signs and dates the PPR in this section at the end of the service month.

Daytime Example: Child care is provided Monday-Friday (5 days) 8am to 5 pm (9hrs/day). Add the daily hours per day to get the total weekly hours (45). Write the total hours and days on the PPR (complete Column A, E, F, G and H). If the month begins or ends mid week, follow the same steps mentioned above. **See Daytime Example below.**

Evening Example: Child care is provided Monday-Friday (5 days) 6pm to 12am (6hrs/day). Add the daily hours per day to get the total weekly hours (30). Write the total hours and days on the PPR (complete Columns B, E, F G and H). If the month begins or ends mid week, follow the same steps mentioned above. **See Evening Example below.**

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	Daytime Hours 6:00AM to 6:00PM Weekdays		Evening Hours 6:01PM to 5:59AM Weekdays		Saturday		Sunday	Amount Provider is Claiming
	Hours	Days	Hours	Days	Hours		Hours	
Week One Wed.1 - Sat.4	27	3					\$ XXX.XX	\$
Week Two Sun.5 - Sat.11	45	5					\$ XXX.XX	\$
Week Three Sun.12 - Sat.18	45	5					\$ XXX.XX	\$
Week Four Sun.19 - Sat.25	45	5					\$ XXX.XX	\$
Week Five Sun.26 - Thu.30	36	4					\$ XXX.XX	\$
TOTAL: \$ XXX.XX								\$

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Daytime Example

Weekly Schedule Sunday/Sat. September 2010	NUMBER OF CHILD CARE HOURS AND DAYS PROVIDED					Office Use Only		
	Daytime Hours 6:00AM to 6:00PM Weekdays		Evening Hours 6:01PM to 5:59AM Weekdays		Saturday		Sunday	Amount Provider is Claiming
	Hours	Days	Hours	Days	Hours		Hours	
Week One Wed.1 - Sat.4			18	3			\$ XXX.XX	\$
Week Two Sun.5 - Sat.11			30	5			\$ XXX.XX	\$
Week Three Sun.12 - Sat.18			30	5			\$ XXX.XX	\$
Week Four Sun.19 - Sat.25			30	5			\$ XXX.XX	\$
Week Five Sun.26 - Thu.30			24	4			\$ XXX.XX	\$
TOTAL: \$ XXX.XX								\$

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Evening Example

Daytime and Evening Example: Child care is provided Monday-Friday (5 days) 12pm to 10pm (10hrs/day). Identify the hours for daytime and evening. Daytime Hours are 12pm to 6pm (6hrs/day) and Evening Hours are 6pm to 10pm (4hrs/day). Add the daytime hours separately to get the weekly daytime hours (30) (columns A). Add the evening hours to get the weekly evening hours (20) (columns B). Write the total hours and days on the PPR (complete Columns A, B, E, F, G and H). If the month begins or ends mid week, follow the same steps mentioned above. **See Daytime and Evening Example below.**

Weekly Schedule Sunday/Sat. September 2010	NUMBER OF CHILD CARE HOURS AND DAYS PROVIDED						Amount Provider is Claiming	Office Use Only
	Daytime Hours 6:00AM to 6:00PM Weekdays		Evening Hours 6:01PM to 5:59AM Weekdays		Saturday	Sunday		
	Hours	Days	Hours	Days	Hours	Hours		
Week One Wed. 1 - Sat. 4	18	3	12	3			\$ XXX.XX	\$
Week Two Sun. 5 - Sat. 11	30	5	20	5			\$ XXX.XX	\$
Week Three Sun. 12 - Sat. 18	30	5	20	5			\$ XXX.XX	\$
Week Four Sun. 19 - Sat. 25	30	5	20	5			\$ XXX.XX	\$
Week Five Sun. 26 - Thu. 30	24	4	16	4			\$ XXX.XX	\$
TOTAL:							\$ XXX.XX	\$

Daytime & Evening Example

Weekend Example: Child care is provided on the weekend; complete Saturday/ Sunday column of the PPR. Make sure you claim all the hours provided per day. **See Weekend Example below.**

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	Daytime Hours 6:00AM to 6:00PM Weekdays		Evening Hours 6:01PM to 5:59AM Weekdays		Saturday	Sunday		
	Hours	Days	Hours	Days	Hours	Hours		
Week One Wed. 1 - Sat. 4					8		\$ XXX.XX	\$
Week Two Sun. 5 - Sat. 11					8	8	\$ XXX.XX	\$
Week Three Sun. 12 - Sat. 18					8	8	\$ XXX.XX	\$
Week Four Sun. 19 - Sat. 25					8	8	\$ XXX.XX	\$
Week Five Sun. 26 - Thu. 30					8	8	\$ XXX.XX	\$
TOTAL:							\$ XXX.XX	\$

Weekend Example

REMINDERS

Missing PPR: If you **do not** receive a PPR by the **first week** of the month, please contact Stage 1 at (213) 427-2700 or log into the Provider Care Portal to print your form at <https://careportal.mcttechnology.com>. For assistance activating your account please contact Stage 1.

Pencil: PPRs should not be completed with pencil. *Use only blue or black ink.*

Mistakes/Corrections: Do not use correction fluid/tape. If you make a mistake, neatly cross through the error and write the correction. The parent and provider **must** initial the correction.

Multiple PPR Received: If you receive multiple PPRs for a child check the authorization period located in the Family Information section of the PPR. You can also find the authorization period and additional information on your ST1-06.

Monthly Variable Schedule Calendar (ST1-21): Parents who are on a variable schedule must complete an ST1-21 and give to the provider to attach with the PPR. **Payment cannot be processed if the ST1-21 is missing or is incomplete.*

Possession: PPRs must remain in the possession of the provider at all times.

Submission: PPRs should be submitted after the end of the care month, unless the authorized period ends during the month.

Payments: Payment will be processed 10 business days upon receiving a complete and accurate Provider Payment Request

COMO LLENAR UN FORMULARIO DE SOLICITUD DE PAGOS

(Mejor conocido como PPR)

- A. Columnas de las horas del Día-** Las horas de cuidado de niños del lunes a viernes entre las 6 a.m. a 6 p.m.
- B. Columnas de las horas de la Noche-** Las horas de cuidado de niños del lunes a viernes entre las 6:01 p.m. a 5:59 a.m.
- C. Columna para el Sábado-** Las horas de cuidado de niños en el sábado.
- D. Columna para el Domingo-** Las horas de cuidado de niños en el domingo.
- E. Columna donde el proveedor reclama la cantidad-** La cantidad de dinero que se factura para cada semana. (Si una tarifa mensual es

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Week Two Sun.5 - Sat.11							\$	\$
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Week Four Sun.19 - Sat.25							\$	\$
Week Five Sun.26 - Thu.30							\$	\$
TOTAL: \$ F							\$	\$

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Parent Signature: _____ G Date: _____
 Provider Signature: _____ H Date: _____

- aprobada escriba la tarifa mensual en el cuadro total F.)
- F. Total-** Agregar la cantidad de dólares para cada semana y escriba el total. Revise su matemática antes de someter para evitar que el formulario sea devuelto.
- G. Firma del padre y la fecha-** En esta sección al final de cada mes de servicio, la firma del padre y la fecha son necesarios.
- H. Firma del proveedor y la fecha-** En esta sección al final de cada mes de servicio, la firma del proveedor y la fecha son necesarios.

Ejemplo de Horas del Día: Cuidado de niños es proveído de lunes – viernes (5 días) de 8 a.m. a 5 p.m. (9horas/día). Agregar las horas diarias por día para obtener el total de las horas semanales (45). Escriba el total de horas y días en el formulario PPR (complete las columnas A, E, F, G y H). Si el mes comienza o termina a mitad de semana, siga los mismos pasos mencionados anteriormente. *Vea el ejemplo de horas del día abajo.*

Ejemplo de Horas de la Noche: Cuidado de niños es proveído de lunes – viernes (5 días) de 6p.m. a 12a.m. (6horas/día). Agregar las horas diarias por día para obtener el total de las horas semanales (30). Escriba el total de horas y días en el formulario PPR (complete las columnas B, E, F, G y H). Si el mes comienza o termina a mitad de semana, siga los mismos pasos mencionados anteriormente. *Vea el ejemplo de horas de la noche abajo.*

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Week Four Sun.19 - Sat.25	45	5					\$ XXX.XX	\$
Week Five Sun.26 - Thu.30	36	4					\$ XXX.XX	\$
TOTAL: \$ XXX.XX							\$	\$

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Ejemplo de Horas del Dia

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	Hours	Days	Hours	Days	Hours		Hours	
Week One Wed.1 - Sat.4			18	3			\$ XXX.XX	\$
Week Two Sun.5 - Sat.11			30	5			\$ XXX.XX	\$
Week Three Sun.12 - Sat.18			30	5			\$ XXX.XX	\$
Week Four Sun.19 - Sat.25			30	5			\$ XXX.XX	\$
Week Five Sun.26 - Thu.30			24	4			\$ XXX.XX	\$
TOTAL: \$ XXX.XX							\$	\$

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Ejemplo de Horas de la Noche

Ejemplo de las horas del día y de la noche: Cuidado de niños es proveído de lunes – viernes (5 días) de 12p.m. a 10p.m. (10horas/día). Identificar las horas de día y de la noche. Horas del día son 12p.m. a 6p.m. (6horas/día) y horas de la noche son 6p.m. a 10p.m. (4 horas/día). Agregar las horas del día separado para obtener las horas del día por semana (30) (columna A). Agregar las horas de la noche para obtener las horas de la noche por semana (20) (columna B). Escriba el total de horas y días en el formulario PPR (completar Columnas A, B, E, F, G y H). Si el mes comienza o termina a mitad de semana, siga los mismos pasos mencionados anteriormente. **Vea el ejemplo de las horas del día y de la noche abajo.**

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	Hours	Days	Hours	Days	Hours	Hours		
Week One Wed.1 - Sat.4	18	3	12	3			\$ XXX.XX	\$
Week Two Sun.5 - Sat.11	30	5	20	5			\$ XXX.XX	\$
Week Three Sun.12 - Sat.18	30	5	20	5			\$ XXX.XX	\$
Week Four Sun.19 - Sat.25	30	5	20	5			\$ XXX.XX	\$
Week Five Sun.26 - Thu.30	24	4	16	4			\$ XXX.XX	\$
							TOTAL: \$ XXX.XX	\$

Ejemplo de las Horas del Día y de la Noche

Ejemplo de fin de semana: Cuidado de niños es en fin de semana, completar las columnas del sábado/domingo de la formas. Reclame el total de todas las horas para los días de fin de semana. **Vea ejemplo de fin de semana abajo.**

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	Hours	Days	Hours	Days	Hours	Hours		
Week One Wed.1 - Sat.4					8		\$ XXX.XX	\$
Week Two Sun.5 - Sat.11					8	8	\$ XXX.XX	\$
Week Three Sun.12 - Sat.18					8	8	\$ XXX.XX	\$
Week Four Sun.19 - Sat.25					8	8	\$ XXX.XX	\$
Week Five Sun.26 - Thu.30						8	\$ XXX.XX	\$
							TOTAL: \$ XXX.XX	\$

Ejemplo de Fin de Semana

RECORDATORIOS

Falta de formulario PPR: Si usted no recibe un formulario PPR en la **primera semana** del mes, por favor de contactar el departamento de la Etapa 1 al (213) 427-2700 o entre al portal de atención <https://careportal.mcttechnology.com> para imprimir su forma. Si necesita asistencia llame a Etapa 1.

Lápiz: Formulario PPR no debe ser completado con lápiz. Utilizar solo tinta azul o negra.

Errores/Correcciones: No use líquido corrector/cinta. Si comete un error, claramente cruzar a través del error y escriba la corrección. El padre y proveedor tienen que indicar sus iniciales al lado de las correcciones.

Recibió Múltiples PPR's: Si recibe múltiples PPR's para un niño verifique el periodo de autorización localizado en la sección de Información de la Familia del formulario PPR. También puede encontrar el periodo de autorización en su ST1-06. y más información útil.

Hojas Variables (ST1-21): Los padres que están en un horario variable deben de completar un ST1-21 y dar al proveedor para adjuntar con los formulario PPR. (*Pago no se puede procesar si el ST1-21 esta incompleto o no es sometido*)

Poseción: Formularios PPR deben permanecer en la posesión del proveedor a todos momentos.

Sumisión: Formularios PPR debe ser entregado después del final del mes de cuidado a menos que el periodo autorizado termine antes del final del mes.

Pagos: Pago se procesará 10 días hábiles después de recibir una Solicitud de Pago del Proveedor que sea completa y precisa.