

HOW TO COMPLETE A CalWORKs 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*.
- G. Parent Signature and Date-** Parent signs and dates the PPR in this section at the end of the service month OR last day of authorization period.
- H. Provider Signature and Date-** Provider signs and dates the PPR in this section at the end of the service month OR last day of authorization period.

Daytime Example: Child care is provided Monday-Friday (5 days) 8am to 5pm (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**

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	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	\$

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.

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	\$

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.

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.**

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					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 CCM to print your form at <https://careconnect.carecloud.io> For assistance activating your account please contact Provider Unit.

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.

Registration Fee: indicate the Registration Fee below the total invoice amount.

Original: the submitted PPRs need to be originals, no copies will be accepted.

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