CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

REQUEST FOR PAYMENT

Office Use Only

(1) Care provided during the month and year of:

(3) ICCIS #

(2) Facility Provider Name: _____

(4) VCN #

Phone Number:

(5) Last, First (Child)	(6) Last, First (Parent)	(7)					(8)	FOR CCA USE ONLY								
		F	P	FP	SI	N	Reg Fee	FT +	PT +	FT/ PT Day +	Co pay -	IP Adj -/+	Amt to Pay	AK IN+	Reg Fee +	Tot

STATEMENT OF TRUTH: Under penalty of perjury or unsworn falsification, I certify that the information provided on this form for the period indicated are true and accurate. I understand that if I provide false information on or with this form it may result in a determination of an intentional program violation and, any money obtained as a result must be paid back to the State of Alaska and a penalty will be imposed up to and including disqualification from program participation.

FOR CCA USE ONLY
Totals
This page $_____ All pages $ _____
Date Verified:_____ Verifier Initials:_____

_____
(9) Printed Name of Individual with Signature Authority   (10) Signature of Individual with Signatory Authority   Date

_____
(11) Printed Name of In-home Caregiver (if applicable}   (12) Signature of In-home Caregiver (if applicable)   Date

CC78 (06-4110) Rev 07/19

REQUEST FOR PAYMENT INSTRUCTIONS

Please complete this form in ink. If you make a mistake cross it out with a single line, write the correct information neatly above it, and initial the correction.

1. Care provided during the month and year of: Enter the service month and year for which care was provided.
2. Facility/Provider Name and phone number: Enter your facility's business name, if applicable, or your first and last name and your contact phone number.
3. ICCIS #: Write in your ICCIS number. This is the eight digit number beginning with 100 issued to you in your Child Care Assistance Program approval notice by your local child care assistance office. Your ICCIS number can also be found on the Child Care Assistance Authorization document.
4. VCN#: Enter your Vendor Customer Number issued by the State of Alaska Integrated Resource Information System (IRIS) needed to release payments
5. Child: On each child line enter the name of each child (last name, first name) for whom you have received a Child Care Assistance Authorization document and care was provided or notice days for the month entered on line 1. Ensure the first and last names match the authorization document.
6. Parent: On each parent line enter the name of each child's parent (last name, first name) as listed on the Child Care Assistance Authorization document. Ensure the first and last names match the authorization document.
7. Actual Attendance: Enter the number of days each child actually attended during the month entered on line 1. The number of full time and part time days the child actually attended is to be entered in the corresponding box. For a child who usually attends school who was in attendance due to being too ill to attend school, enter the number of those days attended in the "SI" box, not in the PT and FT boxes. Sick days attended will be considered full time.
   F = care provided more than 5 hours and up to and including 10 hours in a day.
   P = care provided up to and including 5 hours in a day.
   FP= care provided for more than 10 hours in one day. (for example care provider for 12 hours in a day would be entered as 1 FP)
   SI = care provided for a school aged child who usually attends school who is in attendance due to being too sick to attend school. Enter actual number of sick days care was provided. The Child Care Assistance Program will pay for up to 5 sick days for a school aged child who usually attends school.
   N = Notice Days: Enter the number of days the child was not in attendance during the notice period. The notice period is the 10 business days prior to care ending, whether notice was given or not. The number of days during the notice period the child was not in attendance not to exceed 10 days
8. Reg. Fee Request: Write "Yes"if you are requesting payment of your published registration fee for this child during the month entered on line 1. The Child Care Assistance Program will pay up to $50 one time per calendar year during a month the child was in care.
9. Printed Name of Individual with Signatory Authority: Enter the printed name of the individual within your facility's organization who has been designated with signatory authority, on each page of the Request for Payment CC78 form submitted.
10. Signature of Individual with Signatory Authority and Date: Enter the signature of the individual whose printed name was provided with signatory authority, and the date the form was signed, on each page of the Request for Payment CC78 form submitted. In-home care: Enter the printed name and signature of the parent using In-home care, on each page of the Request for Payment CC78 form submitted.
11. Printed Name of In-home Caregiver (If Applicable): Enter the printed name of the family's In-home caregiver, on each page of the Request for Payment CC78 form submitted.
12. Signature of In-home Caregiver (If Applicable) and Date: Enter the signature of the caregiver whose printed name was provided, and the date the form was signed, on each page of the Request for Payment CC78 form submitted.
13. Enter the current page number and the total number of pages submitted, on each page of the Request for Payment CC78 form submitted.