

Use this form to report charges for Child Care

Complete one form per child

- Parents:** Complete part A
Providers: Complete parts B-D
- Sign and send the completed form to the Department

Contact the Department

Mail: P.O. Box 83720, Boise, ID 83720-0026
Phone: 1-877-456-1233
Fax: 1-866-434-8278
Email: ICCPUUnit@dhw.idaho.gov

Part A: Parent information

First name	Middle name	Last name	Case number or Social Security number
Parent address	City	State	Zip code
Phone number	Phone type (choose one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email address	

Part B: Provider information *Provider must be registered with IdahoSTARS to be eligible for payment*

Provider first name	Provider last name	Business name	Vendor number <input checked="" type="checkbox"/>
Provider address	City	State	Zip code
			Phone number

Part C: Tell us about the child receiving care

First name	Last name	Date of Birth
Is the owner or any employee related to this child? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, check all that apply:		
<input type="checkbox"/> Is the owner of the facility the parent or legal guardian?		
<input type="checkbox"/> Is the child's direct care being provided by a parent or legal guardian?		

Proceed to Part D. This form is invalid without care charge information.

Part D: Tell us about the charges for this child

What kind of charges are you submitting? <i>(Choose one)</i>	Cost of one-time registration fee <i>(Only one registration fee per child, per provider, is allowed)</i>
<input type="checkbox"/> 1. New enrollment Effective date: _____ <input type="checkbox"/> 2. Change to current enrollment Effective date: _____ <input type="checkbox"/> 3. Child(ren) no longer enrolled Effective date: _____	\$ _____

Month of care	Monthly cost (per child) \$	Total hours per month	Are these full or partial month charges? <i>(Choose one)</i> <input type="checkbox"/> Full <input type="checkbox"/> Partial
Month of care			

Month of care	Monthly cost (per child) \$	Total hours per month	Are these full or partial month charges? <i>(Choose one)</i> <input type="checkbox"/> Full <input type="checkbox"/> Partial
Month of care			

Signature

Charges must be agreed upon by both parties. Final charges may be submitted with only the provider's signature.

_____ Provider printed name	_____ Provider signature	_____ Date
_____ Parent printed name	_____ Parent signature	_____ Date