# CHILD CARE ATTENDANCE/CLAIM SHEET

## The Resource Connection

Engaging Families ▪ Empowering Communities ▪ Enriching Lives


**AMADOR:**
10877 Conductor Blvd., P.O. Box 216
Sutter Creek, CA 95685
(209) 223-1624 - (209) 223-2188

**CALAVERAS:**
501 F Gold Strike Rd., P.O. Box 919
San Andreas, CA 95249
(209) 754-3048 - (209) 754-1075


PRINT PROVIDER'S FULL NAME (1)

PROVIDER'S MAILING ADDRESS

PROVIDER'S PHONE NUMBER

PRINT CHILD'S FULL NAME

PRINT PARENT'S FULL NAME

FOR MONTH / YEAR

PROGRAM [_] CAPP [_] CFCC _____ (2)
[_] CDSS [_] C2AP [_] C3AP

| DATE | TIME IN (3a) | PARENT/RESPONSIBLE ADULT FULL SIGNATURE OR REASON FOR ABSENCE (3b) | INTERRUPTION OF CARE OUT | INTERRUPTION OF CARE INITIAL | INTERRUPTION OF CARE IN | INTERRUPTION OF CARE INITIAL | TIME OUT (3c) | PARENT/RESPONSIBLE ADULT FULL SIGNATURE (3d) | # OF HOURS USED (4) | # OF HOURS CONTRACTED | OFFICE USE ONLY |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | 1 |
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| 31 | | | | | | | | | | | 31 |
| | | **TOTAL:** | | | | | | | | | |

(STAMP DATE RECEIVED ABOVE)

**PARENTS & PROVIDERS:**
This is a "Partial Pay Program".
Days with missing in or out times,
or incomplete signatures **will not be reimbursed**
by The Resource Connection

(6a)
**PARENT VERIFICATION:**
I CERITIFY UNDER PENALTY OF PERJURY THAT ALL INFORMATION ON THIS FORM IS TRUE AND CORRECT.

Parent Signature _____ Date _____

(6b)
**PROVIDER VERIFICATION::**
I certify under penalty of perjury that all the information is true and correct and that I charge the same rates to all clients regardless of their subsidized or non-subsidized status.

Provider Signature _____ Date _____

| PAYMENT REQUESTED # UNITS | x RATE | = TOTAL | OFFICE USE ONLY PAYMENT ISSUED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| OTHER | | | |
| **TOTAL $$ DUE:** | | | |

| | | | | | |
|---|---|---|---|---|---|
| BID | | CAPP | | CDSSA | |
| COV | | C2AP | | CDSSC | |
| DPPI | | C3AP | | CFCC | |
| DPPA | | | | | |

Subsidy Coordinator Initals