USDA Child Care Subsidy Administration Program (CCS)
United States Department of Agriculture

U.S. Customs and Border Protection (CBP) Child Care Subsidy (CCS) Program
Family Enrollment Provider Cost Verification Form

Provider Name: _____

Vendor # _____ **Email:** _____

Phone # _____ **Fax #** _____

Physical Address: _____

_____

City: _____ **State:** _____ **Zip Code:** _____

Remit to Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Family Action ***(Complete one form per child, selecting only one action below):***

_____New Family Enrollment _____Rate Change _____Attendance Change _____Adding Child

_____Recertification _____Reactivation _____Other_____

Printed Name of Qualifying Member: **Last:** _____ **First:** _____ **MI:** _____

Child Name: _____ **Date of Birth (DOB)** _____

Child's Enrollment Date (start date of care): _____ **Effective Date of the Rate and Care Type listed below:** _____

Type of Care (check all that apply): ____FT ____PT ____Before School Only ____After School Only ____Before and After School

Child Care costs - Final cost shown should be amount charged after deducting all discounts: (No additional Parent/Family Discounts can be given once an CBP CCS Benefit has been awarded).

Does the Family qualify for or receive any other subsidies or discounts? _____Yes _____No

If yes, provide source and amount: **Source:** _____ **Amount: $** _____

Weekly Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) **$** _____

Monthly Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) **$** _____

Hourly Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) **$** _____

Daily Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) **$** _____

Summer/Holiday Full Day Rate (school aged): **Daily Rate $** _____ **Hourly Rate $** _____

Number of Hours per Day: (This is a REQUIRED field)_____

Number of Days/Week: (This is a REQUIRED field) _____ **Number of Hours per Week:** _____

CBP Child Care Subsidy Payment Notification: The USDA Subsidy Administration Section issues payments via the U.S. Treasury based upon calendar month. Providers who bill weekly, the weekly amount will be multiplied by 4.33 resulting in a calendar month cost and payment.

Applicable Fees (Complete below as applicable):

Registration Fee: $ _____ **Description of "Other" Type Fee charged:** _____ **Amount of "Other" Fee Charged: $** _____

Description of "Other" Type Fee charged: _____ **Amount of "Other" Fee Charged: $** _____

Note: If there any future rate or attendance changes expected within next six (6) months, please complete, sign and submit additional CBP 2015-01 forms as applicable.

Providers who misrepresent information used to calculate Child Care Subsidy Benefit may have their Child Care Subsidy terminated and would be removed from the USDA Subsidy Administration Section as an approved Child Care Provider.

_____ _____
Printed Name of Qualifying Child Care Provider completing this form **Phone Number**

_____ _____
Signature of Provider completing this form **Date**

Note: Child care rates & fees must be submitted to the USDA Subsidy Administration Section annually. Only one rate change per year will be accepted for calculation purposes.

USDA Child Care Subsidy Administration Program (CCS)
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