



**U.S. Department of Agriculture  
Child Care Subsidy  
Administration Program  
Payment Policy Handbook**

**U.S. Department of Agriculture (USDA)  
Child Care Subsidy Administration Program  
Payment Policy Handbook**

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**How to contact us:**

U.S. Department of Agriculture  
Child Care Subsidy Administration Program  
2300 Main Street – 2SE  
Kansas City, MO 64108  
Phone: 866-508-0371  
Fax: 816-823-5445  
Email: [childcareprovider@gsa.gov](mailto:childcareprovider@gsa.gov)

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## **USDA Child Care Subsidy Administration Program Overview**

The GSA Subsidy Administration Section on behalf of the U.S. Coast Guard, GSA, National Park Service and the U.S. Customs and Border Protection is providing you with information regarding our payment process to ensure that all Families benefits are paid in a timely manner.

To receive payment, all Child Care Providers must complete and submit a properly completed and signed Invoice & Attendance Form to the GSA Subsidy Administration Section for payment on a monthly basis.

Invoices must be submitted to the appropriate email address/fax number in order for payment to be issued. Invoices submitted to an address other than the applicable program's address/number may cause a delay in payment. Each Family Invoice & Attendance Form issued will contain the applicable email address/fax number to be used when submitting the invoice for payment.

### **Invoice submission**

#### **U.S. Coast Guard (USCG):**

Email: [uscginvoices.childcare@gsa.gov](mailto:uscginvoices.childcare@gsa.gov)

Fax: (816) 926-5445

#### **GSA**

Email: [childcare@gsa.gov](mailto:childcare@gsa.gov)

Fax: (816) 823-5432

#### **National Park Service (NPS):**

Email: [npschildcare@gsa.gov](mailto:npschildcare@gsa.gov)

Fax: (816) 926-5445

#### **U.S. Customs and Border Protection (CBP)**

Email: [cbp.childcare@gsa.gov](mailto:cbp.childcare@gsa.gov)

Fax: (816) 823-5482

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## **Invoice & Attendance Billing Record Requirements**

- If the child's rate and/or attendance have changed, please complete and submit the Family Enrollment Provider Cost Verification Form 2015-01 which can be found at the USDA Website: [https://nfc.usda.gov/ClientServices/Child\\_Care\\_Subsidy/subsidies/Providers.php](https://nfc.usda.gov/ClientServices/Child_Care_Subsidy/subsidies/Providers.php). Once on the website, please select the appropriate Agency/Department to locate the form applicable to the Family. Upon the USDA updating the Family's case, you will receive a new invoice for billing the USDA based upon the current rate and attendance.
- One invoice per child per month must be submitted to the GSA for payment.
- Invoices can be submitted on/after the 15th of the month for the current month's billing.
- Invoices must be submitted within 90 days of month of service in order for payment to be processed. Invoices received after 90 days will not be authorized for payment.
- Each invoice must contain the Month and year of service that is being billed.
- Attendance Record must be completed in its entirety for each day the child attended and/or that your Child Care Program is billing the Family. Please use the appropriate code as indicated for the type of care being provided.
- Total Cost that your Child Care Program is billing the Family for the specified period of service. The amount listed should include any discounts or other subsidies authorized on behalf of the Family.
- Late Fees, Early Withdrawal Fees, Field Trips, Activity Fees, or any other Fee that is an optional fee is not authorized and should not be included in the Total Cost listed.
- Child Care Costs covered include Full Time Care, Part Time Care, Before School, After School, Before & After School care. Tuition once a child reaches Kindergarten, to include tuition for private schools is not authorized and should not be billed to the GSA on behalf of the Family.
- Agency/Balance Due will be the Total Cost billed to the Family less Member/Family Portion (the amount that the Family must pay prior to the Provider invoice being paid by GSA).
- Provider Signature, a representative of your Child Care Program must sign the invoice, certifying that the child attended the center for the period of service listed, the Total Cost written on the invoice is the correct cost charged to the Family for that period of service.
- Signature of the Service Member/Employee or their Spouse or designated Power of Attorney (POA). This signature is certification that the information is correct, that they received the stated child care services for the indicated period of time and that they were billed and have paid or have made arrangements to pay the Member/Employee/Family Portion shown on the invoice.
- Invoices must contain original signatures of the Child Care Provider and Member/Employee, Spouse or POA. Invoices that do not contain the required signatures or appear to have a photo copy of a signature will not be authorized for payment.

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**2016 Billing Calendar**

**Calendar for Year 2016 (United States)**

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**Holidays and Observances:**

<b>Jan 1</b> New Year's Day	<b>May 30</b> Memorial Day	<b>Nov 11</b> Veterans Day
<b>Jan 18</b> Martin Luther King Day	<b>Jun 19</b> Father's Day	<b>Nov 24</b> Thanksgiving Day
<b>Feb 14</b> Valentine's Day	<b>Jul 4</b> Independence Day	<b>Dec 24</b> Christmas Eve
<b>Feb 15</b> Presidents' Day	<b>Sep 5</b> Labor Day	<b>Dec 25</b> Christmas Day
<b>Mar 27</b> Easter Sunday	<b>Oct 10</b> Columbus Day (Most regions)	<b>Dec 26</b> 'Christmas Day' observed
<b>Apr 13</b> Thomas Jefferson's Birthday	<b>Oct 31</b> Halloween	<b>Dec 31</b> New Year's Eve
<b>May 8</b> Mother's Day	<b>Nov 8</b> Election Day	

**U.S. Department of Agriculture (USDA)  
Child Care Subsidy Administration Program  
Payment Policy Handbook**

**2017 Billing Calendar  
Calendar for Year 2017 (United States)**

January							February							March							
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	
1	2	3	4	5	6	7				1	2	3	4				1	2	3	4	
8	9	10	11	12	13	14	5	6	7	8	9	10	11	5	6	7	8	9	10	11	
15	16	17	18	19	20	21	12	13	14	15	16	17	18	12	13	14	15	16	17	18	
22	23	24	25	26	27	28	19	20	21	22	23	24	25	19	20	21	22	23	24	25	
29	30	31					26	27	28					26	27	28	29	30	31		
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April							May							June							
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2	3	4	5	6	7	8	7	8	9	10	11	12	13	4	5	6	7	8	9	10	
9	10	11	12	13	14	15	14	15	16	17	18	19	20	11	12	13	14	15	16	17	
16	17	18	19	20	21	22	21	22	23	24	25	26	27	18	19	20	21	22	23	24	
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July							August							September							
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October							November							December							
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	
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15	16	17	18	19	20	21	12	13	14	15	16	17	18	10	11	12	13	14	15	16	
22	23	24	25	26	27	28	19	20	21	22	23	24	25	17	18	19	20	21	22	23	
29	30	31					26	27	28	29	30			24	25	26	27	28	29	30	
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**Holidays and Observances:**

<b>Jan 1</b> New Year's Day	<b>May 14</b> Mother's Day	<b>Nov 11</b> Veterans Day
<b>Jan 2</b> 'New Year's Day' observed	<b>May 29</b> Memorial Day	<b>Nov 23</b> Thanksgiving Day
<b>Jan 16</b> Martin Luther King Day	<b>Jun 18</b> Father's Day	<b>Dec 24</b> Christmas Eve
<b>Feb 14</b> Valentine's Day	<b>Jul 4</b> Independence Day	<b>Dec 25</b> Christmas Day
<b>Feb 20</b> Presidents' Day	<b>Sep 4</b> Labor Day	<b>Dec 31</b> New Year's Eve
<b>Apr 13</b> Thomas Jefferson's Birthday	<b>Oct 9</b> Columbus Day (Most regions)	
<b>Apr 16</b> Easter Sunday	<b>Oct 31</b> Halloween	

**U.S. Department of Agriculture (USDA)  
Child Care Subsidy Administration Program  
Payment Policy Handbook**

**4/5 Week Billing Invoice**

Child Care Subsidy Program Invoice & Attendance Form																	
<b>Provider:</b>		ABC DAYCARE															
<b>Address:</b>		123 MAIN STREET ANYTOWN, USA 12345															
<b>Member to Address:</b>		ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345															
<b>Email address:</b>		ABC DAYCARE@MAIL.COM															
<b>Tax ID #</b>		12345678-00001															
<b>Phone #</b>		(816) 555-1234					<b>Fax #</b>		(816) 555-5678								
<b>Member/Employee Name</b>		SAM SMITH															
<b>Child Name</b>		JENNIFER SMITH															
<b>Month of Service</b>		_____															
Attendance & Billing Record:																	
To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was TERMINATED																	
Attendance & Billing Record:																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Member/Family Annual Recertification Date: Monday, 01 May 2017																	
<b>Current Child Care Cost Billing</b>				<b>Monday Billing</b>				<b>Approved Child Care Subsidy Benefit</b>									
<b>Total Cost Billed</b>		<b>\$</b> _____		<b>Total 4 Week Cost</b>		\$800.00		<b>Total 5 Week Cost</b>		\$1,000.00							
<b>Less Member/Employee Portion</b>		<b>\$</b> _____		<b>Member/Employee Portion</b>		\$375.00		<b>Member/Employee Portion</b>		\$718.75							
<b>Department/Agency Balance Due</b>		<b>\$</b> _____		<b>Department/Agency Portion</b>		\$225.00		<b>Department/Agency Portion</b>		\$281.25							
MAXIMUM 4 WEEK BENEFIT				\$269.22				MAXIMUM 5 WEEK BENEFIT				\$441.54					
<p><b>Provider Signature</b> _____</p> <p><b>Member/Employee Signature</b> _____</p> <p style="font-size: x-small; text-align: center;">Providers and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits issued.</p> <p style="font-size: x-small; text-align: center;">Return completed Invoice &amp; Attendance form via any of the following:</p> <table style="width: 100%; font-size: x-small;"> <tr> <td style="width: 50%;"> <b>Fax:</b> (816) 828-XXXX  <b>Email:</b> childcare@usda.gov  <b>Questions:</b> (888) 608-0371                 </td> <td style="width: 50%;"> <b>Mail:</b> U.S. Department of Agriculture                      Child Care Subsidy Administration Program                      2300 Main St - 2 SE                      Kansas City, MO 64108                 </td> </tr> </table>																<b>Fax:</b> (816) 828-XXXX <b>Email:</b> childcare@usda.gov <b>Questions:</b> (888) 608-0371	<b>Mail:</b> U.S. Department of Agriculture Child Care Subsidy Administration Program 2300 Main St - 2 SE Kansas City, MO 64108
<b>Fax:</b> (816) 828-XXXX <b>Email:</b> childcare@usda.gov <b>Questions:</b> (888) 608-0371	<b>Mail:</b> U.S. Department of Agriculture Child Care Subsidy Administration Program 2300 Main St - 2 SE Kansas City, MO 64108																

Sample invoice issued to Child Care Providers that bill on a 4/5 Week Month. Please refer to the calendar on Page 5 of this handbook to ensure that the correct number of weeks is being billed based upon the Provider's day of billing.

**U.S. Department of Agriculture (USDA)  
Child Care Subsidy Administration Program  
Payment Policy Handbook**

**Instructions for Completing 4/5 Week Invoices**

**Child Care Subsidy Program  
Invoice & Attendance Form**

**Provider:** ABC DAYCARE  
**Address:** 123 MAIN STREET  
ANYTOWN, U SA 12345  
Item # to Address: ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345  
Email Address: ABCDAYCARE@EMAIL.COM

**Tax ID #** 12345678-00001  
**Phone #** (816) 555-1234 **Fax #** (816) 555-5678  
**Member/Employee Name** SAM SMITH  
**Child Name** JENNIFER SMITH  
**Month of Service** May 1 - 31, 2016

**Attendance & Billing Record:**  
To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NO" for NO CHARGE or "T" if service was TERMINATED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	X	X	X	X	X			X	X	X	X	X			
18	17	16	15	14	13	12	11	10	9	8	7	6	5	4	3
X	X	X	X	X	X			X	X	X	X				X

Member/Family Annual Recertification Date: Monday, 01 May 2017

**Current Child Care Cost Billing** **Monday Billing** Approved Child Care Subsidy Benefit

<b>Total Cost Billed</b>	<b>\$ 1,000.00</b>	<small>Total 4 Week Cost: \$800.00 - Total 5 Week Cost: \$1,000.00</small>
<b>Less Member/Employee Portion</b>	<b>\$ 718.75</b>	<small>Member Portion: \$279.00 Member Portion: \$718.75</small>
<b>Department/Agency Balance Due</b>	<b>\$ 281.25</b>	<small>USDC Portion: \$281.25 USDC Portion: \$281.25</small>

W/WORK 4 WEEK BENEFT 800.00 W/WORK 5 WEEK BENEFT 1000.00

**Provider Signature** Jessie Daycare Provider  
**Member Signature** John Smithparent

Provider and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits owed.

Return completed Invoice & Attendance Form via any of the following:

<small>Fax: (816) 822-XXXX</small>	<small>Mail: U. S. Department of Agriculture</small>
<small>EMAIL: cchrc@usda.gov</small>	<small>Child Care Subsidy Administration Program</small>
<small>Questions: (888) 626-0271</small>	<small>2000 Main St - 2 NE</small>
	<small>Kansas City, MO 64108</small>

CC 000042

Month and Year of child care service being billed

For each day of the month, enter the code for the attendance of the child, from the list above the table

Enter the total cost of care based upon the day of the week your Child Care Program bills upon

Enter the Member/Family amount paid based upon the number of weeks billed

Enter the balance due (total cost less the Family portion)

Child Care Provider Signature

Member/Employee Signature

Please note that each instruction as listed above must be completed on each invoice submitted to the USDA for payment.

For the 4/5 Week Billing Option, Providers must ensure that they bill based upon the appropriate number of weeks within the billing month. Please refer to the calendar on the next page of this handbook to ensure properly completed Invoice & Attendance forms are submitted to the GSA for Payment. Invoices billing for the incorrect number of weeks will not be authorized for payment.

U.S. Department of Agriculture (USDA)  
 Child Care Subsidy Administration Program  
 Payment Policy Handbook

**Monthly Billing Invoice**

Child Care Subsidy Program Invoice & Attendance Form																	
<b>Provider:</b>		ABC DAYCARE															
<b>Address:</b>		123 MAIN STREET ANYTOWN, USA 12345															
<small>Remit to Address:</small>		ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345															
<small>Email address:</small>		ABC DAYCARE@MAIL.COM															
<b>Tax ID #</b>		12345678-00001															
<b>Phone #</b>		(816) 555-1234					<b>Fax #</b>		(816) 555-5678								
<b>Member/Employee Name</b>		SAM SMITH															
<b>Child Name</b>		JENNIFER SMITH															
<b>Month of Service</b>		_____															
Attendance & Billing Record:																	
To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was TERMINATED																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15			
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Member/Family Annual Recertification Date: Monday, 01 May 2017																	
<b>Current Child Care Cost Billing</b>										<b>Approved Child Care Subsidy Benefit</b>							
Total Cost Billed		\$ _____		Less Member/Employee Portion		\$ _____		Department/Agency Balance Due		\$ _____		Total Monthly Cost		\$750.00			
												Total Member/Employee Portion		\$425.00			
												Department/Agency Portion		\$325.00			
														MAXIMUM BENEFIT \$750.00 PER MONTH			
Signatures																	
<p><b>Provider Signature</b> _____</p> <p><b>Member/Employee Signature</b> _____</p> <p style="font-size: x-small; text-align: center;">Providers and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits issued.</p> <p style="text-align: center; font-size: small;">Return completed Invoice &amp; Attendance Form via any of the following:</p> <table style="width: 100%; font-size: x-small;"> <tr> <td style="width: 50%;">                     Fax: (816) 823-XXXX                      Email: childcare@gsa.gov                      Questions: (866) 508-0371                 </td> <td style="width: 50%;">                     Mail: U.S. Department of Agriculture                      Child Care Subsidy Administration Program                      2900 Main St - 2SE                      Kansas City, MO 64108                 </td> </tr> </table>																Fax: (816) 823-XXXX Email: childcare@gsa.gov Questions: (866) 508-0371	Mail: U.S. Department of Agriculture Child Care Subsidy Administration Program 2900 Main St - 2SE Kansas City, MO 64108
Fax: (816) 823-XXXX Email: childcare@gsa.gov Questions: (866) 508-0371	Mail: U.S. Department of Agriculture Child Care Subsidy Administration Program 2900 Main St - 2SE Kansas City, MO 64108																

Sample invoice issued to Child Care Providers that bill on a MONTHLY basis

**U.S. Department of Agriculture (USDA)  
Child Care Subsidy Administration Program  
Payment Policy Handbook**

**Instructions for Completing Monthly Invoices**

Child Care Subsidy Program Invoice & Attendance Form																	
Provider:		ABC DAYCARE															
Address:		123 MAIN STREET ANYTOWN, USA 12345															
Send to Address:		ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345															
Email Address:		ABCDAYCARE@MAIL.COM															
Tax ID #		12345678-00001															
Phone #		(816) 555-1234							Fax # (816) 555-5678								
Member/Employee Name		SAM SMITH															
Child Name		JENNIFER SMITH															
Month of Service		May 1 - 31, 2016															
Attendance & Billing Record																	
To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "ND" for NO CHARGE or "T" if service was TERMINATED																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
	X	X	X	X	X			X	X	X	X	X					
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
X	X	X	X	X			X	X	X	X				X	X		
Member/Family Annual Recertification Date: Monday, 01 May 2017																	
Current Child Care Cost Billing																	
Total Cost Billed		\$ 750.00							Approved Child Care Subsidy Benefit								
Less Member/Employee Portion		\$ 425.00							Total Monthly Cost \$750.00								
Department/Agency Balance Due		\$ 325.00							Total Member/Employee Portion \$425.00								
		MEMBER EMPLOYE							DEPARTMENT AGENCY PORTION								
Provider Signature		<i>Janie Daycare Provider</i>															
Member/Employee Signature		<i>Sam Smith</i>															
Provide and/or Parents who manage search & enroll a child in child care subsidy benefits may receive the combination of benefits and subsequent collection of benefits issued.																	
Return completed Invoice & Attendance Form via any of the following:																	
Fax: (816) 625-1000								Mail: U. S. Department of Agriculture									
Email: <a href="mailto:childcare@usda.gov">childcare@usda.gov</a>								Child Care Subsidy Administration Program									
Questions: (888) 608-0271								2000 Main St - 2nd									
								Kansas City, MO 64108									

- Month and Year of child care service being billed
- For each day of the month, enter the code for the attendance of the child, from the list above the table
- Enter the total cost of care
- Enter the Member/Family amount paid
- Enter the balance due (total cost less the Family portion)
- Child Care Provider Signature
- Member/Employee Signature

Please note that each instruction as listed above must be completed on each invoice submitted to the USDA for payment.

**U.S. Department of Agriculture (USDA)  
Child Care Subsidy Administration Program  
Payment Policy Handbook**

**Daily / Hourly Billing Invoice**

Child Care Subsidy Program Invoice & Attendance Form															
<b>Provider:</b>		ABC DAYCARE													
<b>Address:</b>		123 MAIN STREET ANYTOWN, USA 12345													
<small>Remit to Address:</small>		ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345													
<small>Email address:</small>		ABCDAYCARE@MAIL.COM													
<b>Tax ID #</b>		<b>12345678-00001</b>													
<b>Phone #</b>		(816) 555-1234					<b>Fax #</b>		(816) 555-5678						
<b>Member Name</b>		SAM SMITH													
<b>Child Name</b>		JENNIFER SMITH													
<b>Month of Service</b>		_____													
Attendance & Billing Record:															
To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was TERMINATED															
Attendance & Billing Record:															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Member/Family Annual Recertification Date: Monday, 01 May 2017															
Current Child Care Cost Billing															
<b>Total Number Day Billed</b> _____								<b>Approved Child Care Subsidy Benefit</b>							
<b>Total Cost Billed</b> \$ _____								<b>Total Daily Cost</b> \$35.00							
<b>Less Member/Employee Portion</b> \$ _____								<b>Member/Employee Portion</b> \$25.00							
<b>Department/Agency Balance Due</b> \$ _____								<b>Department/Agency Portion</b> \$8.00							
MAXIMUM BENEFIT \$275.00 PER MONTH															
<b>Provider Signature</b> _____															
<b>Member/Employee Signature</b> _____															
Providers and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits owed.															
Return completed Invoice & Attendance form via any of the following:															
<b>Fax:</b> (816) 825-XXXX				<b>Mail:</b> U.S. Department of Agriculture											
<b>Email:</b> childcare@usda.gov				Child Care Subsidy Administration Program											
<b>Questions:</b> (888) 608-0371				2300 Main St - 2 SE				Kansas City, MO 64108							
CC 1002-02															

Sample invoice issued to Child Care Providers that bill Daily/Hourly

**U.S. Department of Agriculture (USDA)  
Child Care Subsidy Administration Program  
Payment Policy Handbook**

**Instructions for Daily / Hourly Invoices**

Child Care Subsidy Program  
Invoice & Attendance Form

**Provider:** ABC DAYCARE  
**Address:** 123 MAIN STREET  
 ANYTOWN, U SA 12345

Item to Address: ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345  
 Email Address: ABCDAYCARE@MAIL.COM

**Tax ID #** 12345678-00001  
**Phone #** (816) 555-1234 **Fax #** (816) 555-5678

**Member Name** SAM SMITH  
**Child Name** JENNIFER SMITH  
**Month of Service** *May 1 - 31, 2016*

**Attendance & Billing Record:**  
 To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was TERMINATED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	X	X		X	X			X		X	X	X			
18	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
X	X	X	X	X			X	X	X		X				X

Member/Family Annual Recertification Date: Monday, 01 May 2017

**Current Child Care Cost Billing**

<b>Total Number Day Billed</b>	<b>18</b>	<small>Approved Child Care Subsidy Benefit:</small>
<b>Total Cost Billed</b>	<b>\$ 630.00</b>	<small>Total Daily Cost: \$35.00</small>
<b>Less Member/Employee Portion</b>	<b>\$ 482.40</b>	<small>Four Member/Family Portion: \$10.00</small>
<b>Department/Agency Balance Due</b>	<b>\$ 147.60</b>	<small>Department/Agency Portion: \$6.00</small>
	<small>MAXIMUM BENEFIT \$375.00 PER MONTH</small>	

**Provider Signature** *Luis Daycare Provider*

**Member Signature** *Sam Smith*

Provider and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsidy until collection of benefits ceased.

Return completed Invoice & Attendance Form via any of the following:

<b>Fax:</b> (816) 828-XXXX	<b>Mail:</b> U. S. Department of Agriculture
<b>Email:</b> childcare@usda.gov	Child Care Subsidy Administration Program
<b>Questions:</b> (888) 608-0371	2300 Main St - 2 SE Kansas City, MO 64108

CC 1002-02

Month and Year of child care service being billed

For each day of the month, enter the code for the attendance of the child, from the list above the table

Enter the Total Number of Days or Hours Billed for the care provided

Enter the Total cost of the care based upon the day of the week your Child Care Program bills upon

Enter the Member/Family amount paid based upon the number of weeks billed

Enter the Balance Due (total cost less the family portion)

Child Care Provider Signature

Member/Employee Signature

Please note that each instruction as listed above must be completed on each invoice submitted to the USDA for payment.

For Daily / Hourly Invoices, providers must list the number of days or hours that they are billing the family, multiply this number by the Total Cost as listed on the right hand side of the invoice under the approved CCS Benefit, enter that amount on the Total Cost Line, multiply the same number by the Member/Employee Portion entering that amount on the "Less Member/ Employee Portion and multiply the same number by the Department/Agency Portion entering that amount on the Department/Agency Balance Due Line. Please note that for Department/Agencies that have a Maximum Monthly Benefit, the amount being billed cannot exceed that amount. In instances where the balance due exceeds to the Maximum Monthly Benefit, the Monthly Maximum Benefit will be paid.

**U.S. Department of Agriculture (USDA)  
Child Care Subsidy Administration Program  
Payment Policy Handbook**

**Two (2) Types of Care Billing Invoice**

**U.S. Coast Guard (USCG) Child Care Subsidy Program  
Invoice & Attendance Form**

**Provider:** ABC DAYCARE  
**Address:** 123 MAIN STREET  
ANYTOWN, USA 12345

Remit to A address: ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345

Email address: ABCDAYCARE@MAIL.COM

**Tax ID #** 12345678-00001  
**Phone #** (816) 555-1234 **Fax #** (816) 555-5678

**Member Name** SAM SMITH  
**Child Name** JENNIFER SMITH

**Month of Service**

Attendance & Billing Record:															
X Enter "X" under each day for each full week that care was provided or															
D Daily or Enter number of hours of care under each day that care was provided															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Member/Family Annual Recertification Date: Monday, 01 May 2016

<b>Total Cost</b> \$ _____		<b>Approved USCG Child Care Subsidy Benefit</b>	
Total Member/Family Weekly Full Time Portion - Monday	<b>\$142.50</b>	Number of Weeks	Less Member Portion \$ _____
Total Member/Family Hourly Portion - Monday	<b>\$7.50</b>	Number of Hours	Less Member Portion \$ _____
<b>USCG Portion</b> \$ _____			
<small>MAXIMUM BENEFIT</small>		<small>\$375.00</small>	<small>PER MONTH</small>
		Total Cost	\$195.00
		Total Member/Family Portion	\$142.50
		USCG Portion	\$52.50
		Total Cost	\$9.50
		Total Member/Family Portion	\$7.50
		USCG Portion	\$2.00

**Provider Signature** \_\_\_\_\_  
**Member Signature** \_\_\_\_\_

Providers or parents who misrepresent information used to calculate Child Care Subsidy Benefits may have their benefit terminated and be subject to the Uniform Code of Military Justice (UCMJ) or other legal consequences.

Return completed Invoice & Attendance Form via any of the following:

Fax: (816) 823-5498  
Email: uscginvoices.childcare@gsa.gov  
Questions: (866) 508-0371

Mai: General Services Administration / Attention: Child Care  
2300 Main St - 2 SE  
Kansas City, MO 64108

USCG 2002-02

**Sample invoice issued to Child Care Providers that bill based upon two (2) types of care. The types of care for this example are for a Full Time Weekly Rate with an additional Hourly Rate.**

**U.S. Department of Agriculture (USDA)  
Child Care Subsidy Administration Program  
Payment Policy Handbook**

**Two (2) Types of Care Billing Invoice**

**Child Care Subsidy Program  
Invoice & Attendance Form**

**Provider:** ABC DAYCARE  
**Address:** 123 MAIN STREET  
 ANYTOWN, USA 12345  
 Item to Address: ABC DAYCARE 123 MAIN STREET ANYTOWN, USA 12345  
 Email Address: ABCDAYCARE@MAIL.COM

**Tax ID #** 12345678-00001  
**Phone #** (816) 555-1234 **Fax #** (816) 555-5678

**Member Name** SAM SMITH  
**Child Name** JENNIFER SMITH  
**Month of Service** May 1 - 31, 2016

**PAID**

**Attendance & Billing Record:**

To complete the attendance record, place an "X" for each day of care provided or day that the family will be billed, "NC" for NO CHARGE or "T" if service was TERMINATED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	X	X	X	X	X			X	X	X	X	X			
18	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
X	X	X	X	X			X	X	X						

Member/Family Annual Recertification Date: Monday, 01 May 2017

**Total Cost** \$ 651.50

<b>Total Member/Family Weekly FullTime Portion - Monday</b>	<b>\$142.50</b>	<b>Number of Weeks</b>	<u>3</u>	<b>Less Member Portion</b>	<b>\$ 427.50</b>	<b>Approved Child Care Subsidy Benefit</b>	<b>Total Cost \$125.00</b>
							<b>Member/Employee Portion \$142.50</b>
							<b>Department/Agency Portion \$82.50</b>
<b>Total Member/Family Hourly Portion - Monday</b>	<b>\$9.50</b>	<b>Number of Hours</b>	<u>7</u>	<b>Less Member Portion</b>	<b>\$ 52.50</b>		<b>Total Cost \$2.50</b>
							<b>Member/Employee Portion \$7.50</b>
							<b>Department/Agency Portion \$2.00</b>
<b>USCG Portion</b>	<b>\$</b>						
							<b>171.50</b>
							<b>MAXIMUM BENEFIT \$375.00 PER MONTH</b>

**Provider Signature** Jessie Daycare Provider

**Member Signature** Sam Smith

Provider and/or Parents who misrepresent information used to calculate child care subsidy benefits may result in the termination of benefits and subsequent collection of benefits issued.

Return completed Invoice & Attendance Form via any of the following:

Fax: (816) 828-XXXX      Mail: U. S. Department of Agriculture  
 Email: childcare@usda.gov      Child Care Subsidy Administration Program  
 Questions: (888) 608-0371      2300 Main St - 28E  
    Kansas City, MO 64108

CC 10/08/02

Month and Year of child care service being billed

For each day of the month, enter the code for the attendance of the child from the list above the table

Enter the Total Cost of the care billed within the Month of Service being billed

Enter the total number of Hours, Days, and Weeks being billed on the applicable line

Enter the Member/Family amount paid based upon the number of weeks billed on the applicable line

Enter the Balance due (total cost less the family portion)

Child Care Provider Signature

Member/Employee Signature

Please note that each instruction as listed above must be completed on each invoice submitted to the USDA for payment.

For invoices that contain more than one care type, providers must complete each section of the payment portion of the invoice, to include the Number of Weeks, Days, Hours, calculating and entering the Member/Employee Portion for each type of care being charged to the Member/ Employee/Family for the month of service being billed along with calculating and entering the Department/Agency Portion on the Department/Agency Balance Due Line. Please note that for Department/Agencies that have a Maximum Monthly Benefit, the amount being billed cannot exceed that amount. In instances where the balance due exceeds to the Maximum Monthly Benefit, the Monthly Maximum Benefit will be paid.

**U.S. Department of Agriculture (USDA)**  
**Child Care Subsidy Administration Program**  
**Payment Policy Handbook**

## **Child Care Subsidy Payment Policy**

- Child Care Subsidy Payments are issued directly to the qualifying child care provider and are made within 10 days of receipt of the completed and signed Child Care Invoice
- Invoices should be submitted via email or fax which will assist in expediting the payment process. Invoices may be submitted via U.S. Mail; however, the processing of these documents will not begin until the day following delivery to the USDA Child Care Subsidy Administration Program
- Child Care Subsidy Payments are issued via the U.S. Department of the Treasury in Kansas City, Missouri and will be processed via Electronic Funds Transfer (EFT) for those providers that supplied their banking information. For providers that did not submit this information to the USDA, they will receive payment via U.S. Treasury Check. Payment made via non EFT will add an additional 7—10 business days to the payment process
- Payments will only be issued on behalf of member/families and providers, both of which have been approved by the USDA, and has current information on file with the USDA Child Care Subsidy Administration Program
- Payments will only be authorized when a properly completed and signed USDA issued Invoice & Billing Record has been submitted to the USDA for payment
- Child care providers who have provided the USDA with a valid email address will receive payment notifications each time a payment is issued. Please see Page 15 of this handbook for a sample of this notification
- If/when a child's rate and/or attendance changes, a new Invoice & Billing Record will be issued with the updated information, at which time any invoices on hand should be destroyed as they will no longer be accepted for periods of service that begin on/after the rate/attendance change
- Families are responsible for all child care costs above the maximum benefit listed on the Invoice & Billing Record for those Departments/Agencies that have a maximum benefit clause built into their child care program
- Providers and/or Members/Employees who erroneously submit Invoice & Billing Records for payment that have been identified will be subject to repayment of the Child Care Subsidy Benefit issued, be subject to removal from the program and be reported to the applicable child care program official
- Downward Total Cost adjustments may occasionally be made by child care providers due to individual situations. The Child Care Provider must ensure that the Total Cost indicated on the Invoice & Attendance Form reflects the **actual** total cost charged to the Family so that USDA can correctly calculate the subsidy amount for that period of service.

**U.S. Department of Agriculture (USDA)  
Child Care Subsidy Administration Program  
Payment Policy Handbook**

## Sample Email Notification of Payment Issued

On Sept 14, 2016, at 1:40 AM, [CHILDCAREPROVIDER@GSA.GOV](mailto:CHILDCAREPROVIDER@GSA.GOV) wrote:

*The United States Department of Agriculture (USDA) Child Care Administration Program section has processed a payment for Invoice (detailed below) in the amount of \$464.00*

*Funds should be in your account 1-3 business days for EFT payment type or if receiving a check, the wait is 7-10 business days.*

### SUMMARY:

<b>Invoice Number</b>	<b>SMITH083116X4185</b>
<b>Check/Trace Number</b>	<b>123456789</b>
<b>Disbursement Date</b>	<b>09/15/2016</b>
<b>Total Amount</b>	<b>\$464.00</b>

### DETAIL

<b>Child name(s)</b>	<b>Amount</b>
<b>JACKSON SMITH</b>	<b>\$464.00</b>

*This automated email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee, you should not disseminate, distribute or copy this email.*

*Questions? Contact the USDA Child Care Administration Program Team at [childcareprovider@gsa.gov](mailto:childcareprovider@gsa.gov) or [1-866-508-0371](tel:1-866-508-0371).*

**Two Children Payment Notification** (*Please note that a single amount may be paid on behalf of multiple children when more than one invoice is received and processed for a payment on the same day. Providers must use the payment detail to properly credit the Family's account*).

## Registration/Program Fees

Providers will be paid for registration/program fees based upon each program as follows:

- U.S. Coast Guard (USCG): Up to \$200 per year per child as long as the member has not exceeded the maximum benefit as authorized by the U.S. Coast Guard Child Care Subsidy Program guidelines
- GSA: Fees will be paid in full as long as the employee has not exceeded the maximum benefit as authorized by the GSA Child Care Subsidy Program guidelines
- National Park Service (NPS): Fees are paid in full
- U.S. Customs and Border Protection (CBP): Fees are paid in full

**U.S. Department of Agriculture (USDA)**  
**Child Care Subsidy Administration Program**  
**Payment Policy Handbook**

## **Billing Errors**

Billing errors may cause an underpayment or an overpayment. The parent and child care provider are required to provide correct information in relation to the Child Care Subsidy benefit received. If the child care Provider was to receive an over-payment of Child Care Subsidy benefits, a refund or offset of the amount of the overpayment would be due. Any overpayments, including those due to a USDA/Department/Agency error, must be reported immediately to the families' assigned agency representative.

Once USDA has confirmed that an over-payment was issued and the information has been validated, the child care provider and the member/employee will receive an official notification which may include a request that funds be returned for further credit to the Department/Agency **or** that future invoices will be offset (maximum offset period allowed is 90 days). If repayment of funds has not been made within 90 days of the initial date of the USDA issued notification, the USDA will proceed with turning the case over to the U.S. Department of the Treasury Offset Program (TOP) for collection.

The USDA Child Care Subsidy Administration Program is responsible to collect erroneous payments made to providers for the following reasons which include but are not limited to:

- Erroneous or false information regarding eligibility or care provided
- Duplicate payments or payments made for services not rendered
- Payments made for ineligible child care providers or families

The USDA Child Care Subsidy Administration Program will make reasonable efforts to collect overpayments making a minimum of three notifications to providers and families. Failure by a provider to return any requested overpayment/erroneous payment will result in a federal debt being established to collect the monies. For members/employees that incur an overpayment due to incorrect information submitted to the USDA which is used to calculate the benefit or a change in their status that affects their eligibility, the USDA Child Care Subsidy Administration Program will provide documentation to the Department/Agency Child Care Subsidy Program for review and action. The USDA will act on behalf of the Department/Agency for all financial decisions pertaining to child care subsidy payments issued.

Families or providers who give erroneous or false information may be permanently disqualified from participating in the USDA Child Care Subsidy Administration Program

**U.S. Department of Agriculture (USDA)  
Child Care Subsidy Administration Program  
Payment Policy Handbook**

## **Payment Reconciliation**

Member/employees are required to pay their portion of the total child care costs directly to their child care provider. Neither the USDA, nor the department/agency has any responsibility for ensuring that the family pays their portion. Failure of families to pay their portion of child care costs may result in discontinued Child Care Subsidy benefits and possible removal from the USDA Child Care Subsidy Administration Program making them financially responsible for all child care costs. In addition, failure by the providers to reimburse families or credit their account for Child Care Subsidy benefits received may result in disqualification from the program and repayment of funds.

In the event that the child care provider or the family finds that there has been an overpayment or underpayment of benefit, you must inform USDA immediately at [childcareprovider@gsa.gov](mailto:childcareprovider@gsa.gov) in order to resolve the issue promptly, or else risk being removed from the program.

Any change to a family's rate and/or attendance must be promptly reported to the USDA at [childcareprovider@gsa.gov](mailto:childcareprovider@gsa.gov).

If the child leaves the child care provider's care, you must report this information to the USDA to ensure that an overpayment of benefits is not issued. If an over-payment is issued, the child care provider will be responsible for returning the funds to the USDA. .

In the event that the family changes child care providers (due to any reason), within the month of service, the final invoice will be prorated and paid based upon the child/children's last day in child care.

**Questions, please contact the U.S. Department of Agriculture**

**Phone: (866) 508-0371**

**Email: [childcareprovider@gsa.gov](mailto:childcareprovider@gsa.gov)**