

ATTENDANCE AND CHILD CARE BILLING**SIDE A – CLIENT COMPLETES THIS SECTION – PLEASE PRINT**

1. Complete all sections of SIDE A and submit the completed report by the 5 th of the month.						QUESTIONS? ASK YOUR WORKER		
2. NAME (First, Middle, Last)						SOCIAL SECURITY NUMBER		
ADDRESS (Street, City, State, ZIP Code)						COUNTY USE CHILD CARE: Date Approved: _____ Total Billed: \$ _____ (-) Family Fee \$ _____ Potential Payment: \$ _____ Amount Paid: \$ _____ Paid through: _____		
HOME PHONE () ()		CELL PHONE () ()		WORK PHONE () ()				
3. Are you working? <input type="checkbox"/> Yes <input type="checkbox"/> No Since your last report have you had changes in: <input type="checkbox"/> Employment <input type="checkbox"/> Address <input type="checkbox"/> Other Briefly describe the change: _____						THIS REPORT IS FOR THE MONTH OF: _____		
4. It takes me _____ hours _____ minutes each day to go to and from my home/child care provider(s) and where I go to work and/or other CWES county-approved activity. My lunch break is <input type="checkbox"/> 1 hour <input type="checkbox"/> 1/2 hour								
5. You are REQUIRED to participate in your assigned CalWORKs Employment Services (CWES) activity and/or work. List the number of hours you worked and/or participated in your assigned activity each day in the report month. (Write "0" on days you did not go to work and/or attended your activity. Do not include your travel time or lunch time in the total hours.)								
A _____ (Activity One/Employment)			B _____ (Activity Two/Employment)					
Day	Work/Activity Schedule	Total Hours	Day	Work/Activity Schedule	Total Hours	Day	Work/Activity Schedule	Total Hours
1 A	_____ to _____	/	12 A	_____ to _____	/	22 A	_____ to _____	/
B	_____ to _____		B	_____ to _____		B	_____ to _____	
2 A	_____ to _____	/	13 A	_____ to _____	/	23 A	_____ to _____	/
B	_____ to _____		B	_____ to _____		B	_____ to _____	
3 A	_____ to _____	/	14 A	_____ to _____	/	24 A	_____ to _____	/
B	_____ to _____		B	_____ to _____		B	_____ to _____	
4 A	_____ to _____	/	15 A	_____ to _____	/	25 A	_____ to _____	/
B	_____ to _____		B	_____ to _____		B	_____ to _____	
5 A	_____ to _____	/	16 A	_____ to _____	/	26 A	_____ to _____	/
B	_____ to _____		B	_____ to _____		B	_____ to _____	
6 A	_____ to _____	/	17 A	_____ to _____	/	27 A	_____ to _____	/
B	_____ to _____		B	_____ to _____		B	_____ to _____	
7 A	_____ to _____	/	18 A	_____ to _____	/	28 A	_____ to _____	/
B	_____ to _____		B	_____ to _____		B	_____ to _____	
8 A	_____ to _____	/	19 A	_____ to _____	/	29 A	_____ to _____	/
B	_____ to _____		B	_____ to _____		B	_____ to _____	
9 A	_____ to _____	/	20 A	_____ to _____	/	30 A	_____ to _____	/
B	_____ to _____		B	_____ to _____		B	_____ to _____	
10 A	_____ to _____	/	21 A	_____ to _____	/	31 A	_____ to _____	/
B	_____ to _____		B	_____ to _____		B	_____ to _____	
11 A	_____ to _____	/	TOTAL MONTHLY HOURS: A: _____ B: _____ Reason for Absences: _____					
B	_____ to _____							

TRANSPORTATION

Mo: _____

Amount: \$ _____

Date: _____

Wrkr #: _____

WEEKLY ST**Provider Sign-Off**

Date: _____

Site (A): _____

Staff Signature (A): _____

Phone: _____

Date: _____

Site (B): _____

Staff Signature (B): _____

Phone: _____

CERTIFICATION**I UNDERSTAND THAT:**

- I am certifying I worked or participated in my CWES activity(ies) on the days and for the number of hours listed above.
 - If I do not send in a completed "Attendance and Child Care Billing" (SC 1755) my supportive services, such as child care; transportation; or work/education and training payments may be delayed, changed, denied, or stopped.
 - I have the right to choose the child care provider who is best for me and my child(ren).
 - The provider must have a license or be exempt from having a license in order for me to get child care payment approved by CalWORKs.
 - If I choose a license-exempt child care provider, (s)he must apply for or be TrustLine registered and meet Health & Safety Certification criteria unless (s)he is an aunt, uncle, grandparent, exempt school, or recreation program providing care.
 - The information on this form may be shared with other state and local agencies, Resource and Referral Programs, Alternative Payment Programs (APPs) and federal agencies, including the Internal Revenue Service (IRS) and the Franchise Tax Board (FTB).
 - I must pay back any child care and transportation or other payments I am not entitled to get.
 - The County is not the child care provider's employer, and does not have a business relationship with the provider when a child care payment is paid.
 - If I choose child care in my home, I am the employer. I am responsible for the Social Security tax. I understand that if I have the child care provider work 20 hours a week or more in my home, I must pay at least minimum wage and be responsible for state disability, and federal and state unemployment taxes according to the Fair Labor Standards Act (FLSA). Pursuant to the Healthy Workplaces, Healthy Families Act of 2014, I must provide at least one hour of paid sick leave after every 30 hours worked, available to the employee on the 90th day of employment.**
 - I am authorizing the County to get any verification necessary to process this request and that statements made on this form are subject to investigation.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in SIDE A on this report is true and correct.**

CLIENT'S SIGNATURE

DATE

SIDE B – CHILD CARE PROVIDER FILLS IN THIS SECTION (PLEASE PRINT)

1. Complete the following Information.		New Address? <input type="checkbox"/> Yes <input type="checkbox"/> No
PROVIDER NAME (First, Middle, Last)	TELEPHONE NUMBER	
ADDRESS (Street, City, State, ZIP Code)	SOCIAL SECURITY NUMBER/TAX I.D. NUMBER	
2. I am: <input type="checkbox"/> Licensed <input type="checkbox"/> Licensed-Exempt (Non-Licensed) License Number: _____	3. Child Care is provided in: <input type="checkbox"/> Family Day Care Home <input type="checkbox"/> Child Care Center <input type="checkbox"/> My Home <input type="checkbox"/> Child's Home Other: _____	
4. Month/Year child care was provided: _____		Registration Fee: \$ _____

5. CHILD'S NAME & SCHOOL HOURS	6. RATE & *RATE CATEGORY		7. TOTAL NO. OF HOURS, DAYS, WEEKS, MONTH		8. MONTHLY TOTAL
Child's Name: _____ School Hours: from _____ to _____ <input type="checkbox"/> Child not in school	Rate: \$ _____ (*Rate Category)	X	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Part-Time Week <input type="checkbox"/> Full-Time Week <input type="checkbox"/> Part-Time Month <input type="checkbox"/> Full-Time Month	=	\$
Child's Name: _____ School Hours: from _____ to _____ <input type="checkbox"/> Child not in school	Rate: \$ _____ (*Rate Category)	X	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Part-Time Week <input type="checkbox"/> Full-Time Week <input type="checkbox"/> Part-Time Month <input type="checkbox"/> Full-Time Month	=	\$
Child's Name: _____ School Hours: from _____ to _____ <input type="checkbox"/> Child not in school	Rate: \$ _____ (*Rate Category)	X	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Part-Time Week <input type="checkbox"/> Full-Time Week <input type="checkbox"/> Part-Time Month <input type="checkbox"/> Full-Time Month	=	\$
Child's Name: _____ School Hours: from _____ to _____ <input type="checkbox"/> Child not in school	Rate: \$ _____ (*Rate Category)	X	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Part-Time Week <input type="checkbox"/> Full-Time Week <input type="checkbox"/> Part-Time Month <input type="checkbox"/> Full-Time Month	=	\$
Child's Name: _____ School Hours: from _____ to _____ <input type="checkbox"/> Child not in school	Rate: \$ _____ (*Rate Category)	X	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Part-Time Week <input type="checkbox"/> Full-Time Week <input type="checkbox"/> Part-Time Month <input type="checkbox"/> Full-Time Month	=	\$
Child's Name: _____ School Hours: from _____ to _____ <input type="checkbox"/> Child not in school	Rate: \$ _____ (*Rate Category)	X	_____ <input type="checkbox"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Part-Time Week <input type="checkbox"/> Full-Time Week <input type="checkbox"/> Part-Time Month <input type="checkbox"/> Full-Time Month	=	\$

***RATE CATEGORIES:** Hourly, Daily, Weekly Part-Time, Weekly Full-Time, Monthly Part-Time, and Monthly Full-Time. Refer to the Attendance and Child Care Billing Instructions for definitions.

Comments: _____

CERTIFICATION

- I declare I am at least 18 years of age.
- I declare that I provided the child care listed above and that the hours of care and total monthly costs listed above are true and correct.
- I understand that if I am license-exempt, I must apply for TrustLine and Health & Safety Certification registration unless I am an aunt, uncle, grandparent, great-aunt, great-uncle, great-grandparent or a child(ren) in my care, or a school or recreation facility.
- **I understand that the Social Security Number provided above may be used to check whether I am also receiving CalWORKs cash aid, Food Stamps, and/or Medi-cal benefits and that I must report this income to my Eligibility Worker.**
- I understand that I must charge the rate I charge for participant's children listed above, the same or lower child care rates that I charge other clients for the same service.
- I understand that the information on this form may be shared with other state and federal agencies, including the Internal Revenue Service (IRS), Alternative Payment Programs (APP), Resource & Referral Agencies, and the Franchise Tax Board (FTB).
- **I understand that the County does not act as my employer or have a business relationship with me when I get a child care payment.**
- I understand that failing to report facts or giving wrong or incomplete facts on this report can result in legal prosecution, with penalties or fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in SIDE B of this request is true and correct.

SIGNATURE OF CHILD CARE PROVIDER	DATE
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