



# COMMUNITY BEFORE AND AFTER SCHOOL CHILD CARE PROGRAM (CAP)



## **\*\* DHS BILLING POLICY \*\***

### Child Information

Child's Name:	CAP Site:
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### Required Document

Under DHS status, CAP requires ONE of the following documents before providing child care:

1. DHS Child Care Provider letter, or
2. Approved Status DHS Billing Form

### DHS Billing Policy

Copay  
A copay is the family's required share of the cost for child care. All copays must be paid directly to the CAP office and are due on the first of each month.

Any unpaid copay will be reported to the Direct Pay Unit which could result in terminated services until copay is received. CAP is not responsible for copayments. If you have any questions, please contact your caseworker.

NOTES:

- 1) If the amount billed to DHS is **less** than the copay, payment will be denied and will be the parent's responsibility to pay the billed amount. Any balance not covered by DHS is due on the first of the following month.
- 2) If your child care service hours exceed DHS approved hours of use, parents will be billed for any remaining balance not covered by DHS—due by the first of the following month.

DHS Billing Forms  
A DHS Billing Form is required for each family enrolled in the CAP program who qualifies for and participates in Employee Related Day Care (ERDC). It will be the parent's responsibility to notify their case worker of the CAP site their child will be receiving care and provide proof of eligibility to the CAP office. Additionally, please notify the CAP office if there is any change in address or DHS status. Failure to complete these required steps may result in loss of child care and parents will be responsible for any unpaid balance.

Billing Non-School/Vacation days  
Non-school days and vacation days are scheduled **only** at the request of parents. It will be the responsibility of parents, therefore, to call the CAP office for assistance in enrolling your child(ren) in non-school/vacation day care.

### Agreement

I/We have read, understand, and agree to abide by the DHS policy as described above. Failure to do so will result in termination of services with the Community Before & After School Child Care Program.

Parent/Guardian Name <i>(Please Print)</i>	Date
Parent/Guardian Signature	Date

### For Office Use Only (Check one)

<input type="checkbox"/> DHS Child Care Provider Letter	Date Received:	Staff Initials:
<input type="checkbox"/> Approved Status DHS Billing Form		

**“Providing safe, affordable and quality child care for Albany’s school-aged children.”**

501(c)(3) Non-Profit Organization (#93-0979294)