DSS-CC-970 02/07

CHILD CARE SERVICES REQUEST FOR PAYMENT

DEPARTMENT OF SOCIAL SERVICES

CAREFULLY PRINT ALL INFORMATION INCLUDING COMPLETE ADDRESS

PROVIDER NAME:	PROVIDER NUMBER:
PROVIDER ADDRESS:	

BILLING INFORMATION

Request for Payment forms can be submitted for the following time periods: the 1st through the 15th of the month, the 16th through the 31st, or the 1st through the 31st. Please check ONE box.

THIS BILL IS FOR (**check one**):

- ☐ 1ST DAY OF THE MONTH THROUGH THE 15TH
- ☐ 16TH DAY OF THE MONTH THROUGH THE 31ST
- ☐ 1ST DAY OF THE MONTH THROUGH THE 31ST

All billing information can be found on the child care certificate you received by mail. If there are multiple children per certificate, please group families together.
IMPORTANT: Please leave a space between each grouping of claims (multiple families or certificates).
NOTE: Child Care Services will calculate the correct payment, based on the number of hours you record for each child.

To prevent delay, complete each box by following the example provided.

OFFICE USE ONLY CLAIM #	MONTH AND YEAR	CHILD NAME	CHILD CARE CERTIFICATE (CCC) NUMBER	CHILD ID NUMBER	TOTAL HOURS CHILD CARE RECEIVED
EXAMPLE	MARCH 07	Joe Smith	900002654	000486130	45
	MARCH 07	Johnny Doe	900002654	000527447	45

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct. I further agree to comply with the provisions of the Civil Rights Act of 1964 and regulations issued there under relating to non-discrimination in Federally assisted programs.

PROVIDER SIGNATURE DATE

CCS cannot accept this form by fax!
PLEASE SIGN AND MAIL TO: CHILD CARE SERVICES
700 GOVERNORS DRIVE – PIERRE-SD-57501

Keep Yellow Copy for your records