



COMMUNITY BEFORE AND AFTER SCHOOL CHILD CARE PROGRAM (CAP)



DHS BILLING POLICY

Child's Name: _____ CAP Site: _____

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

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.

NOTE: 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.

DHS Billing Forms

A DHS Billing Form is sent to CAP each month. This form requires signatures from both the child care provider AND parent. Upon receipt, CAP will sign and forward the DHS Billing Form to the parent via the United States Postal Service. It will be the parent's responsibility to sign, date, and return the completed form to the Direct Pay Unit. Failure to do so could result in loss of child care services. Parents are responsible to notify the CAP office immediately of any changes in address or DHS status.

Billing Non-School/Vacation days

Non-school days and vacation days are scheduled only at the request of parents. Once care has been requested, CAP will bill DHS for the selected child care days regardless of a child's absence. Please note that DHS will not pay for more than five (5) consecutive scheduled non-school day absences. Parents will be responsible for the remainder of the bill and any copay that may accrue.

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 *(Please Print)*

Date

Signature

Parent/Guardian Name *(Please Print)*

Date

Signature

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

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