



Monthly Dependent Care Charges

This form is used to determine the monthly amount for child care; it is not an application for Child Care Assistance. You must complete an application for Child Care Assistance to have your eligibility determined.

- **Families** must report when activity hours increase from part-time to full-time, decrease from full-time to part time, or if activity hours end.
- **Providers** must report changes in the amount charged.
- **Both** are responsible for reporting if a child stops attending.

HW0247 | Rev. 9/2015

<i>For office use only:</i>		
Case Name	IBES Number	Family Number

PART A: Completed by the Parent

Full Name of Parent:	Telephone:
Home Address:	Work Phone:

PART B: Completed by the Provider

Section 1: Enrollment Information

You must have an active ICCP Vendor Number before you are eligible for any ICCP payments.

Are you a registered Idaho Child Care Program (ICCP) provider? No Yes
 If yes, enter your **complete** vendor number, including the last two letters: V | | | | | | | | | |

Provider Name:	Business Name:
Provider Phone:	
Provider Address:	

Section 2: Enrollment (choose one)

New Enrollment. Enrollment Date: _____ Registration fee of \$ _____ Per Child Per Family

Change in Enrollment. Effective Date: _____

Enrollment Ended. These are final charges. The child(ren) will no longer attend this child care as of (date): _____
If these are final charges, this form may be submitted without the parent's signature.

Section 3: Charges (If more room is needed, please write on the back.)

Name of Each Child Receiving Dependent Care	Monthly Cost per Child	Total Monthly Care Hours	Month of Care	Full Month Charges	Partial Month Charges
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>
	\$			<input type="checkbox"/>	<input type="checkbox"/>

By signing this form, we acknowledge the above terms have been agreed upon by both parties.

Provider Signature	Vendor Number	Date
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Parent Signature	Social Security Number	Date
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