

Child Welfare Child Care Invoice



Foster parent or relative caregiver name: _____ DHS provider no.: _____

Child name: _____ Person ID: _____

Child care center/provider name: _____

(This must be the provider indicated on the approved Child Welfare Child Care Authorization [CF 0162].)

Dates of service

From: _____ To: _____ Full-time care Part-time care

(Provider service log must be made available upon request.)

A child care stipend may be issued for the amount of the payment indicated below or \$375 per month, whichever is less.

Amount paid for child care (not including ERDC payment, if applicable): \$ _____

Signing this invoice indicates that to the best of your knowledge, the information is true and accurate.

Foster parent or relative caregiver signature

Date

Child care provider signature

Date

DHS authorized approver

Date

Department use only	
Authorization no.:	
Payment ID:	Payment amount:

Procedure: This form must be scanned into the OR-Kids file cabinet.