SOUTH CENTRAL WORKFORCE REQUEST FOR PAYMENT FOR CHILDCARE

Pay Period:	Month:	Year:
Participant Name: _		SS#:
Childcare Provider:		
Address of Provider:		
Names of Children:		
		Total # of Children:
Working Connections Childcare available?		yes no
D. 1 500	If Different From Above,	
DATE	# OF CHILDREN	
		Total Hours for Pay Period:
Total Days	X \$ Daily Rate = \$	Total Daily Amount to be Paid
Total Hours	X \$ Hourly Rate = \$	Total Hourly Rate to be Paid
Total to be	Paid for this Pay Period: \$	(Refer to daily rates in Admin Bul. 16)
Participant Signature	e Date	Childcare Provider Signature Date
Case Manager Signa	ture Date	
Note:		nsible to pay only hours agreed upon in original contracted care costs must be paid by the participant. Participant i
	very of this form with time sho	