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

If Different From Above

DATE # OF CHILDREN TIME IN TIME OUT TOTAL HOURS_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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 Date Childcare Provider Signature Date

_____
Case Manager Signature Date

Note: _____ is responsible to pay only hours agreed upon in original contract verified through contract. Any additional daycare costs must be paid by the participant. Participant is responsible for delivery of this form with time sheet to case manager.