



Bristol Bay Native Association Child Development Department
 Child Care Development Funding (CCDF)
 P.O. Box 310 Dillingham, AK 99576
 Phone: 907-842-4059 or 1-800-478-4059
 Fax: 907 842-2338 Email: admin@bbnahs.com

Child Care Provider Request for Payment

Child's Full Name: _____

Parent/Client Full Name: _____

This portion is to be completed by the Trained/Approved BBNA CCDF Child Care Provider:

Provider's Business Name: _____

or Provider's Full Name: _____

Month of Care _____ Year _____

As a BBNA approved Child Care provider with BBNA Child Care Development Funding,
 I certify that the listed hours of care for the child listed above are true and accurate.
 By signing this timesheet/request I am certifying that I have provided care for the child named above,
 during the days and hours listed below. I understand that providing inaccurate information is **FRAUD**.

The Parent/Client listed above, for this child in my care, currently owes a balance of \$ _____
OR The Parent/Client listed above, for this child in my care, does not owe at this time

**FRAUD is an intentional action, inaction, or statement made by an individual for the purpose of obtain-
 ing benefits to which he or she is not entitled. The Bristol Bay Native Association CCDF Program takes
 fraud prevention very seriously and all timesheets will be verified for accuracy.**

Provider Signature _____ Date _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		Line Total
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Line Total

NOTE: write the number of hours the child was in your care, under the appropriate day.
 If time is needed for the parent to get to/from child care, 1 hour may be added to daily total.

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Office Use Only: 0-11 months old \$5.00/hour 13 -35 months old \$4.50/hour 4-12 year old \$4.00/hour

Approved Hours: _____ * **Rate of Pay:** _____/hour **Amount Due Provider:** \$ _____

BBNA CCDF Will Pay: _____ % = \$ _____ **Parent Co-Pay:** _____ % = \$ _____

UNAPPROVED HOURS: _____ * **Rate of Pay:** _____/hour = Total Parent Owes \$ _____

Parent/CCDF Client Portion:

I am eligible to receive BBNA CCDF, and I understand that providing inaccurate information is **Fraud**
 I agree with the information provided above, by the child care provider. I also understand that I am responsible
 for paying 100% of UNAPPROVED child care, as defined in CCDF policy and my current Child Care Certifi-
 cate. I would like BBNA CCDF to pay for the hours of child care as listed above:

Signature of Parent/CCDF Client _____ Date _____

Date Received By BBNA CCDF