



Army Provider Cost Verification Form Introduction & Instruction

The Provider Cost Verification Form collects all required information about the child care rates your family will be charged by the child care provider. This includes discounts, registration fees, effective dates, rate changes, rate frequency, and the schedule of care. This form will be used to process your fee assistance application and ensure that no overpayments occur.

You will be required to submit this form with your family application after it has been confirmed that your child care provider is eligible to participate in the fee assistance programs. To review the provider eligibility requirements, visit <https://usa.childcareaware.org/feeassistancerespiteproviders/feeassistance/>. You may also call and speak with a specialist at 1-800-424-2246. Please see the guidelines below for completing the form.

Instructions:

1. You should **VERIFY** that the provider is eligible to participate in the fee assistance programs before completing the form.
2. Your Child Care Provider should **COMPLETE** the form.
 - a. Rates listed on the form should be the rates before and after discounts are applied. For example, a rate that is \$300 per week rate with a 10% sibling discount should be listed on the form as \$270 per week.
 - b. All rate changes should be included on the form, including new rates for classroom changes and age changes.
 - c. If your provider does not know the exact date of a rate change, please have them provide their best estimate as to when the rate change will occur. If it is an estimate, they should indicate that on the form. Annual facility rate increases cannot be processed unless it is provided in this form or on the provider's rate sheet prior to the family's approval.
 - d. Registration Fee*: Fees that are inclusive of purchases for diapers, supplies and materials, or any additional items/services will not be covered and should not be included in the registration fee.
3. The form needs to be **SIGNED** by both the provider and the guardian.
4. The form is then **SUBMITTED** by the family with the family application.
5. The information provided on this form should be consistent with the information provided on the Rate Verification Form.
6. Fee assistance is determined by calculating the difference between your child care facility's monthly fee and the DoD parent fee for similar child care services at the closest military installation. If your facility charges weekly, CCAoA will convert your weekly fee into a monthly fee by multiplying it by 4.33. (This calculation takes into account all months within the year whether they have 4 or 5 weeks.) Please note that the rate conversion (if required) will be performed by CCAoA at the time a fee assistance approval is granted and does not need to be calculated beforehand. The branch Sponsor is responsible for the DoD-established parent fees that sponsors pay on post, and any amount over the provider rate cap of \$1700.
7. Once completed by your provider, please submit the Provider Cost Verification form to msp@usa.childcareaware.org and include your Family ID #. Please note, you must have an application on file with CCAoA in order to submit this document.

Disclaimer: The registration fee may not be covered if a family's previous provider received coverage or if the Fee Assistance Program's branch does not cover the fee. Please note that failure to correctly report information will result in removal from the fee assistance program. In the event of overpayment **Child Care Aware® of America will notify the Army. All monies must be paid back to Child Care Aware® of America Fee Assistance Programs.*

Completing this form does not certify that the provider will qualify for the fee assistance program. In the event of overpayment, Child Care Aware® of America will notify the branch of service.



Army Provider Cost Verification Form

Provider and Family Information

Child Care Facility Name: _____ Provider ID#: _____

Child Care Director/Point of Contact: _____

Provider Address (where care is provided): _____

City: _____ State: _____ Zip Code: _____ Provider Phone #: _____

Sponsor Name: _____ Family ID#: _____

Rate Information

Child's Name	Days of Care (List all days that apply)	Hours of Care		Rate Before / Rate After Discounts	Effective Date
	M T W Th F	From	To		
		to		/	
		to		/	
		to		/	

State Subsidy Received? (If so, please include voucher): _____ Rate Frequency _____

Start of Care Date: _____ Annual Registration Fee: _____ One Time Registration Fee: _____

Discounts (Describe discount given): _____

Rate Changes within the Next 12 Months

Child's Name	Days of Care (List all days that apply)	Hours of Care		Rate Before / New Rate After Discounts	Effective Date of Rate Change
	M T W Th F	From	To		
		to		/	
		to		/	
		to		/	

Discounts (Describe discounts given): _____

I certify that all above information is correct and that I am authorized to release this rate information. I understand that I must report any and all discounts and that I must report any changes to a child's schedule of care prior to the change being made. I understand that only consistent schedules of care are permitted. I also understand that I am responsible for any payments made in error and that in the event of overpayment, I must pay back monies to the Fee Assistance Programs. Failure to comply with any of these requirements or to correctly report information will result in termination from the program. Completing this form does not certify that the provider will qualify for the fee assistance program.

Child Care Director

Director's Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date