

In-Home/Family Care Provider Invoice

Child(s) Name: _____

Dates of care: _____

Please put an **X** or the initials of the child (if more than 1 child) on the days of the week to reflect the days you have provided childcare.

You are permitted to only provide childcare services for **5 consecutive days** in a single week and cannot exceed **9 hours in a day**.

Primary and secondary providers are not authorized to provide care on duplicate dates.

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1							
2							
3							
4							

Invoices can be submitted bi-weekly (every 2 weeks) or monthly (every 4 weeks)

Invoices are to be submitted **NO LATER** than **Tuesdays by 2:00 PM** to your assigned case manager to ensure speedy payment.

Signature: _____ Date: _____

Provider Name: _____

MBOP Tribal Child Care Staff Only:

CCDF Maximum Daily Rates for Tribal Child Care In-Home Provider

Infants (6wks - 11mo)	\$45.00/Day
Toddlers (12wks – 35mo)	\$44.75/Day
Preschool (3yrs – 5yrs)	\$40.00/Day
School Age (6yrs – 12yrs)	\$30.00/Day

*Subject to change due to inflation, fee scale increases/decreases, school year break schedules, or natural disasters.

GL Account #: **552, 31**
Family ID#:

Total Amount Owed to Provider
\$ _____

Case Worker Signature: _____ Date: _____