DEPARTMENT of EDUCATION
Louisiana Believes

Early Childhood

CCAP 7B
Rev. 04/17

CCAP Rate and Availability Verification Form

Case Name: ____________________
Case ID: ____________________
Time and Attendance #: ____________________
Worker: ____________________
Phone Number: (877) 453-2721

Dear Child Care Provider:

This CCAP Rate and Availability Verification Form is being issued because the above named individual has **applied** for assistance from the Child Care Assistance Program (CCAP) in the Louisiana Department of Education for the child listed below. This form is **not** a guarantee of payment because the above named individual has **not** yet been determined eligible for CCAP. This form must be received by the Department of Education before a decision can be made on the CCAP case.

____________________ (Child Name)
____________________ (Child ID Number)

____________________ (Child Number)
____________________ (Birthdate)

I will care for this child in:
☐ Child's Home ☐ My Home ☐ Type III Center ☐ School Setting

☐ Military – Department of Defense Child Care Center

When a determination is made on the CCAP case, you will receive a notice informing you whether CCAP will make payments on behalf of the parent/guardian.

- If it is determined that CCAP will make payments, the notice sent will inform you of the date payments will begin and the maximum amount of payment that will be made by CCAP. Payment will be based on care authorized and the child's actual attendance. The parent or guardian is responsible for *all* costs incurred before the effective date of payments as determined by the agency and is also responsible for the difference in the amount you charge and the amount the agency pays.

- If it is determined that CCAP will *not* make payments, the notice sent will inform you that payments will *not* be made by CCAP and the parent/guardian is responsible for *all* payments to you for the child care services you provide.

Please check the type of care you will be providing for this child. (If this child is in part-time care with you during the school year and in full-time care with you during vacations and summer, please complete both full-time and part-time sections.)

☐ Full-Time Care:

Date child care began/will begin or changed/will change for this child: ____________________ (Month/Day/Year)

Total hours each week that child is in care (or will be in care): ____________________

Amount charged for this child: $____________________ (Daily Rate)

Do you provide full-time care for this child during school holidays? (Spring break/Easter, Thanksgiving, Christmas) ☐ Yes ☐ No

Do you provide transportation for this child? ☐ Yes ☐ No

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☐ Part-Time Care:

Date child care began/will begin or changed/will change for this child: ____________ (Month/Day/Year)

Total hours each week that child is in care (or will be in care): ____________

Amount charged for this child: $ ____________ (Hourly Rate)

Do you provide full-time care for this child during school holidays? (Spring break/Easter, Thanksgiving, Christmas) ☐ Yes ☐ No

Do you provide transportation for this child? ☐ Yes ☐ No

I certify that I am or will be providing care to the above-named child, and that I will abide by all applicable regulations. I agree to meet all reporting and record-keeping requirements necessary for program administration. My signature below certifies that I am 18 years of age or older.

Signature of Provider	Name of Provider
Date	Address of Provider
Provider ID Number (if known)	Telephone Number of Provider
Provider SSN	If you provide care in the child's home, the telephone number that will be used to call the Interactive Voice Response (IVR). This must be the client's landline telephone number that is on file with the agency.

_____ (initial) I authorize LDOE and its employees to disclose information and/or records to the provider listed above. I understand this may include and is not limited to requesting verification, providing a status for my application, and discussing any payments and records maintained by or on the behalf of LDOE. LDOE retains the discretion to decide if particular records or information are within the scope of this waiver; and that LDOE has no control over how the recipient will use or disseminate my information. I agree to release and hold harmless LDOE from any and all claims of action or damages of any kind arising from, or in any way connected to, the release or use of any information or records pursuant to this waiver.

Make a copy of this completed form or document this information in your files for your own record.

Signature of Head of Household	**Printed Name of Head Of Household**
Date of Birth	**Date**

The parent or guardian is to return the completed original to:

DOE/CCAP Household Eligibility
P O Box 260037
Baton Rouge, LA 70826