Tribal Child Care Assistance Program
Facility Attendance and Billing Report (FABR)

Provider Name ____________ Phone Number ____________ Tax ID or Social Security Number ____________

Address ____________ City, State, Zip Code ____________ Billing for Month ____________ Year ____________

Return to: Cook Inlet Tribal Council, Attn: Child Care Assistance
3600 San Jeronimo Dr. Anchorage, AK 99508
Call: 793-3308 Email: childcare@citci.org Fax: 793-3296

Parent First & Last Name ____________

Use codes: F = Full time, P = Part time, O = Over time, A = Absent, H = Holiday, S = Sick
Part time = up to 5 hours, Full time = 5 hours, 1 min through 10 hours, Overtime = 10 hours 1 minute or more.

C – Child's First & Last Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Days Attended P	F	Age	Total Monthly Fee*	Reg. Fee	CITC Portion	Copay + Amount Over State Rate
C																																		I T P S				
Office Use Only:																																						
C																																		I T P S				
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Office Use Only:																																						
																																		Subtotal:				

Notes:

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Provider Signature below is required for payment.
Processing of Billing Reports without signature may be delayed.

Certification Statement: I certify that the information provided on this form is true and correct and the parents have agreed upon arrangements.

*TOTAL should reflect the ACTUAL amount being billed for the month. Charges in excess of State Rates are the parents' responsibility in addition to co-pays. Only days that parent(s) are in approved work activities will be paid. Child care used otherwise is the financial responsibility of the parent.

Our office has 30 days from the date of receipt to process payments. Please hold calls about payment status until 30 days have passed.

Provider Signature ____________ Date: ____________

COOK INLET TRIBAL COUNCIL
People. Partnership. Potential.

Tribal Child Care Assistance Program
Facility Attendance and Billing Report (FABR)

ABC DAYCARE	555-1234	123-45-6789
Provider Name	Phone Number	Tax ID or Social Security Number
1234 HAPPY ST.	ANCHORAGE, AK 99501	JANUARY 2016
Address	City, State, Zip Code	Billing for Month / Year

Return to: Cook Inlet Tribal Council, Attn: Child Care Assistance
3600 San Jeronimo Dr. Anchorage, AK 99508
Call: 793-3307 Email: childcare@citci.org Fax: 793-3296

POLLY PARENT
Parent First & Last Name

Use codes: F = Full time, P = Part time, O = Over time, A = Absent, H = Holiday, S = Sick
Part time = up to 5 hours, Full time = 5 hours, 1 min through 10 hours, Overtime = 10 hours 1 minute or more.

C – Child's First & Last Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Days Attended P	Total Days Attended F	Age	Total Monthly Fee*	Reg. Fee	CITC Portion	Copay + Amount Over State Rate
C CHUCK CHILD	H			F	F	F	F	F			F	F	F	F	F			F	F	F	F	F			F	F	F	F	F				20	I T P S	900	50	750	200
Office Use Only:																																							
C CATE CHILD	H			P	P	P	P	P			P	P	P	P	P			F	P	P	P	P			P	P	P	P	P			19	1	I T P S	450	50	405	95
Office Use Only:																																							
C																																		I T P S				
Office Use Only:																																							
C																																		I T P S				
Office Use Only:																																							
C																																		I T P S				
Office Use Only:																																							
																																Subtotal:		1350	100	1155	295

Notes:

Enter any additional information here

Provider Signature below is required for payment.
Processing of Billing Reports without signature may be delayed.

Certification Statement: I certify that the information provided on this form is true and correct and the parents have agreed upon arrangements.

Pamela Provider — Provider Signature

1/1/16 — Date:

*TOTAL should reflect the ACTUAL amount being billed for the month. Charges in excess of State Rates are the parents' responsibility in addition to co-pays. Only days that parent(s) are in approved work activities will be paid. Child care used otherwise is the financial responsibility of the parent.

Our office has 30 days from the date of receipt to process payments. Please hold calls about payment status until 30 days have passed.

Rev 1/16

CITC Child Care Assistance Program
Facility Attendance and Billing Report (FABR) Instructions

Please fill out in ink and submit to our office by the 5th of each month to ensure prompt payment.
Submitting an incomplete billing report may delay payment.

Billing Reports submitted more than 30 days after the month services were provided may not be honored.

Entering information: List child care provider name as it appears on your child care license. Include phone number and address information. Be SURE to list your tax ID or social security number, billing month and year and parent's first and last name.

Print each child's full legal name in the space provided listed as "C". There is room for **five** children per page (please use only one form for each family). If there are more than five children in a family use additional forms to include all children receiving assistance.

Indicate the child's actual attendance under the numbered boxes 1-31 (numbers correspond to days in the month). Enter an "F" for full-time, "P" for part-time, "O" for overtime, "A" for absent, "H" for holiday, "S" for sick.

The Age column is used to specify the age of the child. Circle "I" for Infant, "T" for Toddler, "P" for Preschool, or "S" for School Age as indicated on the child care authorization.

Total Monthly Fee: Enter the **full** amount being charged by you to the family for the month. This amount may not necessarily match the Child Care Authorization or the State Rates.

Reg. Fee: Use this column if you will be charging a registration fee.

CITC Portion: Here is where you will enter CITC's portion, listed in the "Total" column for each child on the authorization. *Note: Monthly Enrollment Child Care Authorizations may revert to attendance, depending on the parent's activity or child's attendance. Therefore, the parent may be responsible for paying the difference of enrollment versus attendance. Parents are also responsible for any amounts billed that are above state rate.*

Copay + Amount Over State Rate: Enter the amount billed to the parent. This should include any co-pays and/or amounts above the state rate that the parent is responsible for.

Generally, the calculation should be:
"Total Monthly Fee" + "Registration Fee" (if applicable) – "CITC Portion" = "Parent Copay + Amount Over State Rate"

Note Section: Gives you room to explain any extra information you think we may need, for example, unauthorized days being charged, if the parent is no longer in care, vacation days, etc.

Sign: Provider must sign and date certifying that all information provided is true. We do not require a parent signature.

IMPORTANT: *Child care providers are independent contractors (NOT employees) of CITC. Providers are responsible for paying their own taxes and all earnings must be reported to the Internal Revenue Service (IRS). CITC will mail a 1099 to those earning over $600.00 in a calendar year; corporations will not receive a 1099.*

Keep in mind, CITC has 30 days from the date that CITC receives a billing to process payment. Please hold calls about payment status until 30 days have passed.