



# Rhode Island Department of Human Services

## Office of Child Care – Child Care Assistance Program

CCAP 351 – Absent Notice Revised 11/2022

### Authorization for CCAP Payment During a Child's Absence

Families receiving CCAP benefits are eligible for up to two consecutive weeks of allowable absences at a time without impacting provider payment. Allowable absences include absences with notice that are accompanied by a parent notice (signed by the parent). Parental notice is required for absences that are five consecutive days in a week.

By completing the form below, you are authorizing DHS to provide payment to your child care provider during your child's absence from the program and you agree not to enroll your child with another child care provider during this time. **If you plan to take your child to another CCAP provider during this time, please do NOT submit this form, as DHS will not issue payment to more than one provider for the same hours of care.**

|                                       |  |
|---------------------------------------|--|
| <b>Provider ID:</b>                   |  |
| <b>Provider Name:</b>                 |  |
| <b>Parent Name:</b>                   |  |
| <b>Certificate Number:</b>            |  |
| <b>Child(ren)'s Name(s):</b>          |  |
| <b>Dates of Child(ren)'s Absence:</b> |  |
| <b>Reason for Absence:</b>            |  |

*I certify that the information reported on this form is true and accurate.*

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Printed Name

\_\_\_\_\_  
Position/Title

Providers: please ensure this form is complete, including parent signature, and upload with your attendance submission. *No CCAP payment will be made for absences longer than two consecutive weeks or for absences five days or longer that are not accompanied by an authorization for payment absentee form signed by the parent.*