



Rhode Island Department of Human Services

Office of Child Care – Child Care Assistance Program (CCAP)

25 Howard Avenue, Louis Pasteur Building #57, 1st Floor, Cranston, Rhode Island 02920

Family Child Care Vacation/Closure Payment Request Form

DHS permits licensed family child care providers to receive payment for enrolled children for up to two (2) weeks per calendar year for vacation or closure dates if the parent authorizes payment.

Parent instructions: By completing the form below, you are giving DHS permission to pay this provider during their vacation or closure and agree **not to place your child with another provider during these dates**. If you plan to **take your child to a different CCAP provider during this time, DO NOT submit this form** as DHS cannot issue payment to more than one provider for the same hours of care.

Provider instructions: This form must be submitted with the child’s attendance in the CCAP provider portal. No CCAP payment shall be made after the two (2) weeks per calendar year allowable limit has been reached.

Date	
CCAP Provider ID	Provider Name
Week of Vacation/Closure	
Certificate Number	
Child(ren)’s Name	

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

Parent Printed Name _____

Parent Signature _____ **Date:** _____

Provider Printed Name _____

Provider Signature _____ **Date:** _____