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 CBA Payment Request Form

Per the Collective Bargaining Agreement (CBA) between the State of Rhode Island and SEIU District 1199NE governing CCAP-approved family child care providers and license-exempt providers, payment from DHS may be requested for specific activities, if applicable. Please submit this form and required additional materials listed below to DHS.ChildCare@dhs.ri.gov.

Date _____

Provider Name _____ **CCAP Provider ID** _____

Address _____

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

Select	Type	Amount	Additional Items Required	Conditions
☐	Direct Deposit Enrollment	$100	If not already submitted: send *Direct Deposit Authorization Form* to DHS.CCAPBilling@dhs.ri.gov	One-time payment
☐	CCAP Provider Orientation Completion	$75	Proof of completion	One-time payment Must be submitted within one (1) year of completion
☐	Annual Child Registration Fees	Up to $50 per child	*Family Child Care Registration Fee Reimbursement Request* form Private pay registration policy	One time or once per year for each CCAP-enrolled child depending on program's private pay policy Equivalent to the amount of the registration fee charged to private pay families as written in provider's policy Must be submitted within one (1) year from the date of the child's enrollment
☐	Sick Leave	$15/hour	Provider: *Family Child Care Sick Leave Authorization Request* form Approved Assistant: W-9 (if not already a Workday/RIFANS vendor)	Payment issued in two (2) hour increments Must be submitted within one (1) year from the date of sick leave use
☐	Transition from License-Exempt to Licensed	$500	Proof of DHS licensure	One-time payment

FOR OFFICE USE ONLY

Document Submission Review
Direct Deposit
☐ Confirmation in RIBridges of direct deposit
CCAP Provider Orientation
☐ Completion date: _____
Registration Fees
☐ Registration Fee Reimbursement Request form
☐ Private pay policy
☐ Confirmation that child(ren) are enrolled with provider
Sick Leave
☐ DHS Approved Assistant assigned to correct provider
☐ Assigned a Workday number (formerly RIFANS)
☐ W-9 for Approved Assistant
☐ Family Child Care Sick Leave Authorization Request form
☐ Confirmation that provider has available sick time
License-Exempt to Licensed
☐ Licensed in RISES

Request Totals

Type		Amt	Total
Direct Deposit		$100	
Orientation		$75	
Child Reg Fees	# Children: ____ x $____		
Sick Leave	# Hours: _____ x $15		
LE to Licensed		$500	
		Grand Total	

Review & Approval
PM Approved By
Date Sent to FM
FM Approved By
Date Payment Processed

Rev. June 2026