OCC Staff Approving:

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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 Registration Fee Reimbursement Request

Per the Collective Bargaining Agreement (CBA) between the State of Rhode Island and SEIU District 1199NE governing licensed, CCAP-approved family child care providers, the State shall provide an annual registration fee equivalent to the amount of the registration fee charged to private pay families as written in provider's policy. Such registration fee will be paid no more than once per year for each enrolled child.

Please include (a) a copy of your policy for charging private pay families a registration fee and (b) the *Family Child Care CBA Payment Request Form*. Submit to DHS.ChildCare@dhs.ri.gov. Requests must be submitted within one (1) year of each child's enrollment.

Date _____

CCAP Provider ID _____

Provider Printed Name _____

Select one:

◯ My program charges a one-time registration fee to private pay families

◯ My program charges an annual registration fee to private pay families

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

Certificate Number	Child First and Last Name	Date of Enrollment	Reimbursement Request Year	Check if Approved *Office Use Only*
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