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

Backbilling Request Form

Please note: Backbilling will not be accepted more than ninety (90) days after the date of service.

Instructions:

1. Only one certificate number per form.
2. Choose the appropriate attendance status:
   a. Enter "**P**" if the child attended care for some part of the weeks listed.
   b. Enter "**A**" to indicate the child was absent. Absences for up to four (4) consecutive weeks will not impact payment. Anything past this will require the *Special Circumstances Absent Notice Form* included with this request documenting a special circumstance (e.g., extended illness/hospitalization).
   c. Enter "**U**" or "**D**" for an upgrade or downgrade, respectively, and include the hours category being requested (i.e., full-time, three-quarter time, half time, quarter time) and the reason for the request in the *Notes* column.
3. Indicate whether the family is approved for the CCAP for Child Care Educators and Child Care Staff program.
4. Attach the sign in/sign out sheets for requested weeks.
5. Attach the parent-provider agreement.
6. Submit to DHS.CCAPBilling@dhs.ri.gov.

Provider Information

CCAP Provider ID	Provider/Program Name

Family Information

Certificate Number (one per form)		
Child Name	Date of Birth	☐ CCAP for Child Care Pilot
Child Name	Date of Birth	☐ CCAP for Child Care Pilot
Child Name	Date of Birth	☐ CCAP for Child Care Pilot

Week MM/DD/YY	Child	Attendance Status	Notes, If Applicable

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

Provider Printed Name _____

Provider Signature _____ **Date:** _____