CCAP Provider Back Billing Request Form

Rev. 2/2020

Rhode Island Department of Human Services
Office of Child Care
25 Howard Avenue, LP Bldg. 3rd Floor
Cranston, R.I. 02920
(401) 462-6800

Provider Name: _____ Provider ID: _____

Certificate #	Child's Full Name	DOB	Week 1	Hours	Week 2	Hours
		__/__/__	__/__/__		__/__/__	
		__/__/__	__/__/__		__/__/__	
		__/__/__	__/__/__		__/__/__	
		__/__/__	__/__/__		__/__/__	
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		__/__/__	__/__/__		__/__/__	
		__/__/__	__/__/__		__/__/__	

I certify that the information reported on this form is true and accurate, that each of the children reported as present were in my care for the weeks claimed during the hours indicated, and that I have signed Parent Provider Agreements and daily attendance records signed by the parent indicating each child's arrival and departure time. **I have attached a printout of each child's enrollment details from the Portal.**

Signature of Provider _____ **Date** _____

Printed Name _____ **Position/Title** _____

You have a RIGHT to non-discriminatory treatment. In accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Section504 of the Rehabilitation Act of 1973, as amended(29 U.S.C. 794); Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.), and Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.); the Food Stamp Act; the Age Discrimination Act of 1975; the U.S. Department of Health and Human Services implementing regulations (45 C.F.R. Parts 80 and 84) and the U.S. Department of Education implementing regulations(34 C.F.R. Parts 104 and 106); and the U.S. Department of Agriculture, Food and Nutrition Services (7 C.F.R. 272.6); the Rhode Island Department of Human Services (DHS), does not discriminate on the basis of race, color, national origin, disability, religion, political beliefs, age, religion or gender in acceptance for or provision of services, employment or treatment, in its education and other program activities. Under other provisions of applicable law, DHS does not discriminate on the basis of sexual orientation. For further information about these laws, regulations and DHS' discrimination complaint procedures for resolution of complaints of discrimination, contact DHS at 57 Howard Avenue, Cranston, Rhode Island 02920, telephone number 462-2130 (for deaf/hearingimpaired462-6239 or 711). The Community Relations Liaison Officer is the coordinator for implementation of Title VI; the Office of Rehabilitation Services (ORS) Administrator or his/her designee is the coordinator for implementation of the Title IX, Section 504, and ADA. The Director of DHS or his/her designee has the overall responsibility for DHS' civil rights compliance. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, relation, political beliefs or disability. To file a complaint of discrimination for SNAP, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, or call (202) 720-5964

Please complete this form and submit with all required documentation via email or mail to:
DHS.ChildCare@dhs.ri.gov or DHS Office of Child Care, 25 Howard Avenue, LP Bldg. 3rd Floor, Cranston RI 02920