



Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, R.I. 02920
 (401) 462-6877

**Licensed Family Child Care Home Provider
 Authorization for CCAP Payment During a Provider’s Vacation/Closure**

DHS allows licensed family child care providers to receive payment for up to two (2) weeks per calendar year for coordinated vacation/closure dates during which an eligible CCAP child is absent and the parent authorizes payment.

By completing the form below, you are authorizing DHS to provide payment to your child care provider during their vacation/closure and your child’s absence from the program and agree not to enroll your child with another child care provider during this time.

If you wish to take your child to another CCAP provider during this time, please do NOT submit this form, as DHS will not issue payment to more than one provider for the same hours of care.

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

I certify that the information reported on this form is true and accurate. The child care provider must include this form with their billing invoice in order for DHS to issue payment. No CCAP payment shall be made for absences once the five (5) days/month allowable limit has been reached.

Signature of Parent

Date

Signature of Provider

Date

Provider Printed Name

Position/Title

Please complete this form and upload this form with the billing invoice or submit 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