

# CCAP Payment Request Form

Rev. 1/2023



Rhode Island Department of Human Services  
Office of Child Care  
25 Howard Avenue, LP Bldg. 1<sup>st</sup> Floor  
Cranston, R.I. 02920  
(401) 462-6877

<b>Provider ID:</b>	_____
<b>Provider Name:</b>	_____
<b>Provider Address:</b>	_____ _____

Please select which type(s) of reimbursement you are requesting from the Department of Human Services.

Direct Deposit (*one-time payment, \$100.00*)

To receive the direct deposit bonus, providers must fill out form CCAP-5, Authorization of Direct Deposit. Please enclose an original voided check or bank letter and forward to the CCAP Office. Upon verification of Accounts and Control, payment will be made.

CCAP Orientation (*one-time payment, \$75.00*)

Upon completion of initial CCAP Orientation, providers are entitled to a one-time incentive bonus. Providers need to submit this form to the CCAP office for approval of this one-time incentive bonus. Date of Orientation: \_\_\_\_\_

License-Exempt (*one-time payment, \$500.00*)

Any DHS license-exempt CCAP Provider who obtains a DHS license shall receive a one-time incentive bonus. Providers need to submit this form, along with a copy of their active DHS license to the CCAP office for approval.

DHS-Approved Assistant Payment for Approved Sick Leave (*Must be submitted within 1 year of the date of use*)

DHS Approved Assistants must be approved RIFANS vendors to be reimbursed for the sick leave care they provide. To be qualified as a RIFANS vendor, Approved Assistants must submit a W-9, located at <https://controller.admin.ri.gov/central-accounts-payable/forms> to the CCAP Child Care Office. Payment will be issued in two-hour increments. Providers must submit this form along with an "Attachment A" form to the CCAP office for approval. Please select the correct category below for the type of assistant used:

- Assistant / Emergency Assistant                       Substitute/On-Call Pool

Child Registration Fee (*recurring payment, up to \$50.00/child*)

The State shall provide an annual registration fee equivalent to the amount of the registration fee charged to private pay families, not to exceed fifty dollars (\$50.00) per child, for licensed providers who have a written policy to charge all families a registration fee. Such registration fee will be paid no more than once each year for each enrolled child. Providers must submit this form and a Registration Fee Reimbursement Request Form along with their Private Pay Registration Policy to the CCAP Child Care Office.

**For Office of Child Care Use Only**

**Emergency Assistant Payment for Sick Leave**

- EA DHS Approved
- EA RI Fans # Assigned
- EA assigned to the appropriate provider requesting sick leave.
- State of RI W-9 submitted or on file.
- Attachment A submitted or on file.
- Requested hours are within the provider's accrued sick time.

**Child Registration Fee**

- Private Pay Policy submitted/on file, Date: \_\_\_\_\_
- Child Care Roster of all eligible CCAP children, their certificate numbers, and date of enrollment confirmed in RIBridges system.

**Direct Deposit Bonus:**

- CCAP-5 or State of RI Vendor ACH Enrollment Form
- Voided Check/Deposit Slip

**CCAP Orientation Bonus**

- Date of Orientation \_\_\_\_\_

**License-Exempt Bonus**

- Signed DHS License on file.

Reviewed/Approved/Submitted to Finance: \_\_\_/\_\_\_/\_\_\_

OCC Signature: \_\_\_\_\_

Payment Type Requested	#	Amount	Total Amount
Direct Deposit Bonus		\$100.00	
CCAP Orientation Bonus		\$75.00	
License-Exempt Bonus		\$500.00	
Asst. Sick Leave (Eff. 1/1/22)		\$15.00	
Asst. Sick Leave (Eff. 1/1/23)		\$15.00	
Asst. Sick Leave (Eff. 1/1/24)		\$15.00	
Asst. Sick Leave (Eff. 1/1/25)		\$15.00	
Child Registration Fees		\$50.00	
<b>Total Amount Requested</b>			

Processed for Payment On: \_\_\_/\_\_\_/\_\_\_

FM Signature: \_\_\_\_\_

Signature of Provider \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Payment Request Forms, with all required documentation, should be emailed or mailed to: [DHS.ChildCare@dhs.ri.gov](mailto:DHS.ChildCare@dhs.ri.gov) or DHS Office of Child Care, 25 Howard Avenue, LP Bldg. 1st Floor, Cranston RI 02920



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 Office of Child Care  
 25 Howard Avenue, Edificio LP, 1<sup>er</sup> Piso  
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<b>ID del Proveedor CCAP:</b>	_____
<b>Nombre del Proveedor:</b>	_____
<b>Dirección del Proveedor:</b>	_____

**Seleccione el(los) tipo(s) de pago que está solicitando al Departamento de Servicios Humanos.**

**Depósito Directo (pago único de \$100.00)**  
 Para recibir la bonificación de depósito directo, los proveedores deben llenar el formulario CCAP-5, Autorización de Depósito Directo. Por favor, incluya un cheque anulado original o una carta bancaria y envíelo a la Oficina del CCAP. Tras la verificación de Cuentas y Control, se realizará el pago.

**Capacitación del CCAP (pago único de \$75.00)**  
 Al completar la capacitación del CCAP inicial, los proveedores tienen derecho a un pago único de una bonificación como incentivo. Los proveedores deben enviar este formulario a la oficina del CCAP para la aprobación de este un pago único de una bonificación como incentivo. Fecha de capacitación: \_\_\_\_\_

**Exento de Licencia (pago único de \$500.00)**  
 Cualquier proveedor de CCAP exento de licencia del DHS que obtenga una licencia del DHS recibirá pago único de una bonificación como incentivo. Los proveedores deben enviar este formulario, junto con una copia de su licencia vigente del DHS a la oficina de CCAP para su aprobación.

**Pago de Asistente Aprobado por DHS para Licencia por Enfermedad Aprobada (esta solicitud tiene plazo de 1 año desde la fecha de uso)**  
 Los asistentes aprobados por el DHS deben ser proveedores aprobados de RIFANS recibir un reembolso por la atención brindada durante la licencia por enfermedad. Para ser calificado como proveedor de RIFANS, los Asistentes Aprobados deben presentar un W-9, se encuentra en el sitio web <https://controller.admin.ri.gov/central-accounts-payable/forms>, a la Oficina de Cuidado Infantil del CCAP. El pago se emitirá por intervalos de dos horas. Los Proveedores deben enviar este formulario junto con el "Anexo A" a la oficina de CCAP para su aprobación. Por favor seleccione a continuación la categoría correcta según el tipo de asistencia recibido:  
 Assistant / Emergency Assistant                       Substitute/On-Call Pool

**Cuota por Inscripción de Niños (pago periódico, hasta un máximo de \$50.00/niño)**  
 El Estado proporcionará una tarifa de registro anual equivalente al monto de la tarifa de registro cobrada a las familias de pago privado, que no exceda los cincuenta dólares (\$50.00) por niño, para los proveedores con licencia que cuentan con una política por escrito donde se cobra a todas las familias una cuota de inscripción. Dicha cuota de inscripción se pagará no más de una vez al año por cada niño inscrito. Los proveedores deben enviar este formulario en conjunto con la Solicitud de Reembolso de Tarifa de Inscripción y su Política de Inscripción de Pago Privado a la Oficina de Cuidado Infantil del CCAP.

**Para Uso Exclusivo de la Oficina de Cuidado Infantiles**

<p><b>Emergency Assistant Payment for Sick Leave</b></p> <p><input type="checkbox"/> EA DHS Approved</p> <p><input type="checkbox"/> EA RI Fans # Assigned</p> <p><input type="checkbox"/> EA assigned to the appropriate provider requesting sick leave.</p> <p><input type="checkbox"/> State of RI W-9 submitted or on file.</p> <p><input type="checkbox"/> Attachment A submitted or on file.</p> <p><input type="checkbox"/> Requested hours are within the provider's accrued sick time.</p> <p><b>Child Registration Fee</b></p> <p><input type="checkbox"/> Private Pay Policy submitted/on file, Date: _____</p> <p><input type="checkbox"/> Child Care Roster of all eligible CCAP children, there certificate numbers, and date of enrollment confirmed in RIBridges system.</p> <p><b>Direct Deposit Bonus:</b></p> <p><input type="checkbox"/> CCAP-5 or State of RI Vendor ACH Enrollment Form</p> <p><input type="checkbox"/> Voided Check/Deposit Slip</p> <p><b>CCAP Orientation Bonus</b></p> <p><input type="checkbox"/> Date of Orientation _____</p> <p><b>License-Exempt Bonus</b></p> <p><input type="checkbox"/> Signed DHS License on file.</p>	<p>Reviewed/Approved/Submitted to Finance: ___/___/___</p> <p>OCC Signature: _____</p> <table border="1"> <thead> <tr> <th>Payment Type Requested</th> <th>#</th> <th>Amount</th> <th>Total Amount</th> </tr> </thead> <tbody> <tr> <td>Direct Deposit Bonus</td> <td></td> <td>\$100.00</td> <td></td> </tr> <tr> <td>CCAP Orientation Bonus</td> <td></td> <td>\$75.00</td> <td></td> </tr> <tr> <td>License-Exempt Bonus</td> <td></td> <td>\$500.00</td> <td></td> </tr> <tr> <td>Asst. Sick Leave (Eff. 1/1/22)</td> <td></td> <td>\$15.00</td> <td></td> </tr> <tr> <td>Asst. Sick Leave (Eff. 1/1/23)</td> <td></td> <td>\$15.00</td> <td></td> </tr> <tr> <td>Asst. Sick Leave (Eff. 1/1/24)</td> <td></td> <td>\$15.00</td> <td></td> </tr> <tr> <td>Asst. Sick Leave (Eff. 1/1/25)</td> <td></td> <td>\$15.00</td> <td></td> </tr> <tr> <td>Child Registration Fees</td> <td></td> <td>\$50.00</td> <td></td> </tr> <tr> <td><b>Total Amount Requested</b></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Processed for Payment On: ___/___/___</p> <p>FM Signature: _____</p>	Payment Type Requested	#	Amount	Total Amount	Direct Deposit Bonus		\$100.00		CCAP Orientation Bonus		\$75.00		License-Exempt Bonus		\$500.00		Asst. Sick Leave (Eff. 1/1/22)		\$15.00		Asst. Sick Leave (Eff. 1/1/23)		\$15.00		Asst. Sick Leave (Eff. 1/1/24)		\$15.00		Asst. Sick Leave (Eff. 1/1/25)		\$15.00		Child Registration Fees		\$50.00		<b>Total Amount Requested</b>			
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<b>Firma del Proveedor</b>	<b>Fecha</b>
<b>Nombre en Letra Imprenta</b>	<b>Cargo/Título</b>

Los Formularios de Solicitud de Pago, con toda la documentación requerida, deben enviarse por correo electrónico o por correo a: [DHS.ChildCare@dhs.ri.gov](mailto:DHS.ChildCare@dhs.ri.gov) o DHS Office of Child Care, 25 Howard Avenue, Edificio LP, 1<sup>er</sup> Piso, Cranston RI 02920