



Minnesota Department of Human Services

## Child Care Reimbursement Receipt of Payment Up to Age 12

All reimbursement requests must be postmarked by the fifth day of each month. Complete a **separate reimbursement request for each child and/or child care provider**. Each reimbursement request **MUST** be completed in its entirety. All incomplete reimbursement requests will be returned, which may result in delay of reimbursement.

### To be completed by the parent: (Please print)

Child's full legal name: \_\_\_\_\_  
Child's date of birth: \_\_\_\_\_ (Eligibility ends on child's 13 birthday)  
Parents' names: \_\_\_\_\_ and \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state and zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Reason for Child Care Reimbursement:  Employment  Education

### To be completed by the child care provider: (Please print)

Providers name: \_\_\_\_\_  
Providers full address: \_\_\_\_\_  
Providers phone number: \_\_\_\_\_  
Providers relationship to child: \_\_\_\_\_  
Type of child care:  Family  Center  In-home  
Dates of service: (i.e., from Jan. 1, 2013 to Jan. 31, 2013) from \_\_\_\_\_ to \_\_\_\_\_  
Total number of units: \_\_\_\_\_ hour(s) **or** \_\_\_\_\_ day(s) **or** \_\_\_\_\_ week(s)  
Total amount paid to child care provider: \$ \_\_\_\_\_  
Date payment was made to child care provider: (xx/xx/xxxx) \_\_\_\_\_  
The following **are not** reimbursable: field trip, transportation, lunch or late payments.

### The following must be completed by adoptive parent(s) and child care provider:

I DECLARE UNDER PENALTIES OF LAW THAT THIS CLAIM IS JUST AND CORRECT AND THESE SERVICES HAVE BEEN PROVIDED DURING THE PERIODS SPECIFIED.

\_\_\_\_\_  
Parent signature: (only one parent must sign)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Child care provider signature: (only one provider must sign)

\_\_\_\_\_  
Date signed