

KODIAK AREA NATIVE ASSOCIATION
Child Care Assistance Program
 Genevieve Opheim 486-1358

Parent: _____ Provider: _____

Child Care Billing

Prior to payment both Parent and Provider must sign and date the billing form, verifying that services were provided on the dates listed. Reimbursement to the parent will be based only for days that parent was working or in training. These rates must be specified in the Parent/Provider agreement. Billing forms can be turned in twice a month, the 15th of each month and the last day of the month. After billing forms have been submitted to KANA, expect it to take 6 to 8 working days before a check can be processed.

Billing Month: _____

Name of Child _____

Days and Hours

Provider Rate _____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

KANA's Rate _____

Parent Signature _____ Date: _____

Provider Signature _____ Date: _____

The Child Care Staff will complete the following calculations:	
Billing Total:	Rate of Reimbursement:
Remaining Difference: <i>(Parent responsibility)</i>	Reimbursement Amount:
Child Care Technician	Date: