Native Village of Barrow Child Care Assistance Program
Child Care Facility and In-Home Billing Report Form

FOR OFFICE USE ONLY
DATE RECEIVED

Parent Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____

Provider's Names: _____
Provider's Address:
City: _____ State: _____ Zip: _____
Provider's Phone: _____

Month of Service _____

F=Full Day 4.5 hours or More
H=Half Day 4.0 or less in a day

Childs Full Name	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
Child Age:	NVB Rate for child:										Family Contribution:											NVB Payment Amount:									
Childs Full Name	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
Child Age:	NVB Rate for child:										Family Contribution:											NVB Payment Amount:									
Childs Full Name	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
Child Age:	NVB Rate for child:										Family Contribution:											NVB Payment Amount:									
Childs Full Name	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
Child Age:	NVB Rate for child:										Family Contribution:											NVB Payment Amount:									
Childs Full Name	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
Child Age:	NVB Rate for child:										Family Contribution:											NVB Payment Amount:									
Childs Full Name	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
Child Age:	NVB Rate for child:										Family Contribution:											NVB Payment Amount:									
Childs Full Name	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
Child Age:	NVB Rate for child:										Family Contribution:											NVB Payment Amount:									

Parent Certification

I certify that the information provided on this form is true and correct, that I was engaged in elegive activities during the hours I am billing for on the form, and that I have complied with all federal and state wage requirements and tax withholding and reporting requirements as the employer of my in- home provider.

Parent Siganture Date

Child Care Facility or In- Home Provider Certification

I certify that I provided child care to the child(ren) listed above durring the hours reported on this form.

Provider Signature Date