

CCAP Payment Request Form

Rev. 2/2020



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

Provider ID:	_____
Provider Name:	_____
Provider Address:	_____

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 (*recurring payment*)**
 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 <http://controller.admin.ri.gov/Forms/index.php> to the CCAP Child Care Office. Payment will be issued in two-hour increments.
- 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 for DHS licensed providers who have a written policy to charge all families a registration fee. Providers must submit their Private Pay Registration Policy and a complete list of CCAP eligible children to the CCAP Child Care Office.

For Office of Child Care Use Only

<p>Emergency Assistant Payment for Sick Leave</p> <ul style="list-style-type: none"> <input type="checkbox"/> EA DHS Approved <input type="checkbox"/> EA RI Fans # Assigned <input type="checkbox"/> EA assigned to the appropriate provider requesting sick leave. <input type="checkbox"/> State of RI W-9 submitted or on file. <input type="checkbox"/> Attachment A submitted or on file. <input type="checkbox"/> Requested hours are within the provider's accrued sick time. <p>Child Registration Fee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Private Pay Policy submitted/on file, Date: _____ <input type="checkbox"/> Child Care Roster of all eligible CCAP children, their certificate numbers, and date of enrollment confirmed in RIBridges system. <p>Direct Deposit Bonus:</p> <ul style="list-style-type: none"> <input type="checkbox"/> CCAP-5 or State of RI Vendor ACH Enrollment Form <input type="checkbox"/> Voided Check/Deposit Slip <p>CCAP Orientation Bonus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Date of Orientation _____ <p>License-Exempt Bonus</p> <ul style="list-style-type: none"> <input type="checkbox"/> Signed DHS License on file. 	<p>Reviewed/Approved/Submitted to Finance: ___/___/___</p> <p>OCC Signature: _____</p> <p>Financial Management:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #2c5e8c; color: white;"> <th>Payment Type Requested</th> <th>#</th> <th>Amount</th> <th>Total Amount</th> </tr> </thead> <tbody> <tr> <td>Direct Deposit Bonus</td> <td style="background-color: #ccc;"></td> <td>\$100.00</td> <td></td> </tr> <tr> <td>CCAP Orientation Bonus</td> <td style="background-color: #ccc;"></td> <td>\$75.00</td> <td></td> </tr> <tr> <td>License-Exempt Bonus</td> <td style="background-color: #ccc;"></td> <td>\$500.00</td> <td></td> </tr> <tr> <td>Asst. Sick Leave (Eff. 1/1/19)</td> <td></td> <td>\$14.00</td> <td></td> </tr> <tr> <td>Asst. Sick Leave (Eff. 1/1/20)</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 style="background-color: #2c5e8c; color: white;"> <td>Total Amount Requested</td> <td style="background-color: #ccc;"></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. 1/1/19)		\$14.00		Asst. Sick Leave (Eff. 1/1/20)		\$15.00		Child Registration Fees		\$50.00		Total Amount Requested			
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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 or DHS Office of Child Care, 25 Howard Avenue, LP Bldg. 3rd Floor, Cranston RI 02920