

ELRC REGION # _____

PELICAN PROVIDER ID: _____

APPENDIX C-1 - ELRC SUBSIDIZED CHILD CARE PROVIDER REPORTED RATES (Certified Providers Only)

Effective Date of Rates: _____

Facility Name:		
Address:		
City:	State:	Zip:
Telephone: ()	County:	
Type of Program:	<input type="checkbox"/> Center <input type="checkbox"/> Group <input type="checkbox"/> Family	

Providers Rates (A copy of your published rates must accompany this form)

Enter your current rates. Enter N/A if the service is not provided.	0-12 months	13-24 months	25-36 months	37 months to date child enters Kindergarten	Kindergarten up to 13 th birthday SCHOOL YEAR	Kindergarten up to 13 th birthday SUMMER ONLY
What is your weekly rate per child for FULL-TIME care (five days per week, Monday through Friday)? Full-Time = 5 or more hours of care per day	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week		\$ _____ per week
What is your weekly rate per child for PART-TIME care (five days per week, Monday through Friday)? Part-Time = less than 5 hours of care per day	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	
<p>Blended Rate: The subsidized child care program “blended rate” averages rates for 180 part-time days and 25 full-time days to create a standard school year rate.</p> <p><input type="checkbox"/> I will accept a blended school year rate. This creates one rate for the school year that incorporates days when a child attends child care full day.</p> <p><input type="checkbox"/> I will not accept a blended school year rate. Choosing not to accept the blended rate will result in a part-time rate for all 205 days during the school year.</p>						

My signature confirms that all information contained in this document is current, accurate and true.

X _____
Provider Signature

Print Name and Title

Date