



U.S. Customs and Border Protection (CBP) Child Care Subsidy Program (CCSP)
Family Enrollment Provider Cost Verification Form

Provider Name: _____

Vendor # _____ Email: _____

Phone # _____ Fax # _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Remit to Address: _____

City: _____ State: _____ Zip Code: _____

Family Action (Complete one form per child, selecting only one action below):

____ New Family Enrollment ____ Rate Change ____ Attendance Change ____ Adding Child
____ Recertification ____ Reactivation ____ Other

Printed Name of Qualifying Member: Last: _____ First: _____ MI: _____

Child Name: _____ Date of Birth (DOB) _____

Child's Enrollment Date (start date of care): _____ Effective Date of the Rate and Care Type listed below: _____

Type of Care (check all that apply): ____ FT ____ PT ____ Before School Only ____ After School Only ____ Before and After School

Child Care costs - Final cost shown should be amount charged after deducting all discounts: (No additional Parent/Family Discounts can be given once an CBP CCS Benefit has been awarded).

Does the Family qualify for or receive any other subsidies or discounts? ____ Yes ____ No

If yes, provide source and amount: Source: _____ Amount: \$ _____

Weekly Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) \$ _____ Monthly Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) \$ _____

Hourly Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) \$ _____ Daily Cost (Final cost listed should be amount charged after all other subsidies or discounts have been applied) \$ _____

Summer/Holiday Full Day Rate (school aged): Daily Rate \$ _____ Hourly Rate \$ _____

Number of Hours per Day: (This is a REQUIRED field) _____

Number of Days/Week: (This is a REQUIRED field) _____ Number of Hours per Week: _____

CBP Child Care Subsidy Payment Notification: The USDA Subsidy Administration Section issues payments via the U.S. Treasury based upon calendar month. Providers who bill weekly, the weekly amount will be multiplied by 4.33 resulting in a calendar month cost and payment.

Applicable Fees (Complete below as applicable):

Registration Fee: \$ _____ Description of "Other" Type Fee charged: _____ Amount of "Other" Fee Charged: \$ _____

Description of "Other" Type Fee charged: _____ Amount of "Other" Fee Charged: \$ _____

Note: If there any future rate or attendance changes expected within next six (6) months, please complete, sign and submit additional CBP 2015-01 forms as applicable.

Providers who misrepresent information used to calculate Child Care Subsidy Benefit may have their Child Care Subsidy terminated and would be removed from the USDA Subsidy Administration Section as an approved Child Care Provider.

Printed Name of Qualifying Child Care Provider completing this form

Phone Number

Signature of Provider completing this form

Date

Note: Child care rates & fees must be submitted to the USDA Subsidy Administration Section annually. Only one rate change per year will be accepted for calculation purposes.