*Saved as: SharePoint/Fisca/Document/IVE/Foster Care/CHILD CARE BILLING FORM*

ERIE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

221 West Parish Street

Sandusky, Ohio 44870

Phone: (419) 626-6781 \*\*\*\* Fax: (419) 626-5854

CHILD CARE REIMBURSEMENT FOR FOSTER PARENT

FOSTER PARENT NAME: VENDOR #:

ADDRESS:

CITY: STATE: ZIP:

*AN ITEMIZED INVOICE FROM THE DAY CARE PROVIDER MUST ACCOMPANY THIS REQUEST; SUCH BILLS MUST BE PRESENTED WITHIN 60 (SIXTY) DAYS AFTER SERVICE IS RENDERED.*

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF CHILD(REN) | CHILD’S  AGE | SERVICE DATES  (Sunday through Saturday Weekly) | AMOUNT DUE *($200 MAX PER WEEK)* |
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| T O T A L R E I M B U R S E M E N T | | | $ |

This is to certify that the above services were rendered to me and paid by me in accordance with the attached itemized invoice, and I am now requesting reimbursement. I verify I utilized Child Care Services while working and my work schedule is available upon request by Erie County Department of Job and Family Services:

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Foster Parent Signature Date

Please submit this billing form to: Gina Sellers – 221 W. Parish Street – Sandusky, OH 44870

[Gina.Sellers@jfs.ohio.gov](mailto:Gina.Sellers@jfs.ohio.gov)