



CCEP Provider/Center Parent Subsidy Billing Form

Lane Community College/Lane Family Connections
Child Care Enhancement Parent Subsidy Billing Form
4000 East 30th Ave.
Eugene, OR 97405

OFFICE USE
Purchase order # P
Provider # L
Date Submitted to CF:

Name: _____
Address: _____

Provider Voucher:
Date issued:

This child care billing form is only valid for care given from: _____

The payment amount is based on the children in care whose families meet the child care enhancement income eligibility requirements and have signed a parent contract and been approved for funds from LFC. The child(ren) must maintain enrollment at this site to continue to receive funds.

Please fill in all yellow boxes and sign and date the form.

Reminder: 1-62 hrs is your hourly (H) rate, 63-135 hrs is your part-time monthly rate (pt) and 136+ is your Full time tuition

Parent Name:	-	Has the Family paid their 10% co-pay?	Yes	No	
Family Co-Pay (based on eligibilty chart)	\$ -	Other Child Care Subsidy (DHS, Welfare ect.)	\$	-	

1 Child's Name:	_____	H, PT or FT	_____	Total Hours:	_____	Monthly Tution:	\$	-
2 Child's Name:	_____	H, PT or FT	_____	Total Hours:	_____	Monthly Tution:	\$	-
3 Child's Name:	_____	H, PT or FT	_____	Total Hours:	_____	Monthly Tution:	\$	-

Total Parent Subsidy for this Family to Provider is: \$ -

Parent Name:	-	Has the Family paid their 10% co-pay?	Yes	No	
Family Co-Pay (based on eligibilty chart)	\$ -	Other Child Care Subsidy (DHS, Welfare ect.)	\$	-	

1 Child's Name:	_____	H, PT or FT	_____	Total Hours:	_____	Monthly Tution:	\$	-
2 Child's Name:	_____	H, PT or FT	_____	Total Hours:	_____	Monthly Tution:	\$	-
3 Child's Name:	_____	H, PT or FT	_____	Total Hours:	_____	Monthly Tution:	\$	-

Total Parent Subsidy for this Family to Provider is: \$ -

Parent Name:	-	Has the Family paid their 10% co-pay?	Yes	No	
Family Co-Pay (based on eligibilty chart)	\$ -	Other Child Care Subsidy (DHS, Welfare ect.)	\$	-	

1 Child's Name:	_____	H, PT or FT	_____	Total Hours:	_____	Monthly Tution:	\$	-
2 Child's Name:	_____	H, PT or FT	_____	Total Hours:	_____	Monthly Tution:	\$	-
3 Child's Name:	_____	H, PT or FT	_____	Total Hours:	_____	Monthly Tution:	\$	-

Total Parent Subsidy for this Family to Provider is: \$ -

Parent/Guardian Name	_____	Has the Family paid their 10% co-pay?	Yes	No	
Family Co-Pay (based on eligibilty chart)	\$ -	Other Child Care Subsidy (DHS, Welfare ect.)	\$	-	

1 Child's Name:	_____	H, PT or FT	_____	Total Hours:	_____	Monthly Tution:	\$	-
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Total Parent Subsidy for this Family to Provider is: \$ -

I certify the child care billed above is correct, and has already been provided. I understand I may owe money to Lane Family Connections if the amount paid to me is incorrect.

Total reimbursement for Page One: **Page 1 of 2** \$ -



CCEP Provider/Center Parent Subsidy Billing Form

This child care billing form is only valid for care given from:

September-06

The payment amount is based on the children in care whose families meet the child care enhancement income eligibility requirements and have signed a parent contract and been approved for funds from LFC. The child(ren) must maintain enrollment at this site to continue to receive funds.

Please fill in all yellow boxes and sign and date the form.

Reminder: 1-62 hrs is your hourly (H) rate, 63-135 hrs is your part-time monthly rate (pt) and 136+ is your Full time tuition

Parent Name:	-	Has the Family paid their 10% co-pay?	Yes	No	
Family Co-Pay (based on eligibilty chart)	\$ -	Other Child Care Subsidy (DHS, Welfare ect.)	\$	-	
1 Child's Name:	_____	H, PT or FT		Total Hours:	
				Monthly Tution:	\$ -
2 Child's Name:	_____	H, PT or FT		Total Hours:	
				Monthly Tution:	\$ -
3 Child's Name:	_____	H, PT or FT		Total Hours:	
				Monthly Tution:	\$ -
Total Parent Subsidy for this Family to Provider is:					\$ -

Parent Name:	-	Has the Family paid their 10% co-pay?	Yes	No	
Family Co-Pay (based on eligibilty chart)	\$ -	Other Child Care Subsidy (DHS, Welfare ect.)	\$	-	
1 Child's Name:	_____	H, PT or FT		Total Hours:	
				Monthly Tution:	\$ -
2 Child's Name:	_____	H, PT or FT		Total Hours:	
				Monthly Tution:	\$ -
3 Child's Name:	_____	H, PT or FT		Total Hours:	
				Monthly Tution:	\$ -
Total Parent Subsidy for this Family to Provider is:					\$ -

Parent/Guardian Name	-	Has the Family paid their 10% co-pay?	Yes	No	
Family Co-Pay (based on eligibilty chart)	\$ -	Other Child Care Subsidy (DHS, Welfare ect.)	\$	-	
1 Child's Name:	_____	H, PT or FT		Total Hours:	
				Monthly Tution:	\$ -
Total Parent Subsidy for this Family to Provider is:					\$ -

Parent/Guardian Name	-	Has the Family paid their 10% co-pay?	Yes	No	
Family Co-Pay (based on eligibilty chart)	\$ -	Other Child Care Subsidy (DHS, Welfare ect.)	\$	-	
1 Child's Name:	_____	H, PT or FT		Total Hours:	
				Monthly Tution:	\$ -
Total Parent Subsidy for this Family to Provider is:					\$ -

I certify the child care billed above is correct, and has already been provided. I understand I may owe money to Lane Family Connections if the amount paid to me is incorrect.

Total reimbursement for Page 2 : Page 2 Of 2 \$ -

Grand Total Reimbursement for the Month Of : Sep-06 \$ -

Provider Signature: _____ Date: _____

CCEP Coordinator Signature: _____ Date: _____