ССЕРТ	Provider/Center Paren	t Subsidy Billing Form			
Lane Community College/Lane Family Con	Lane Community College/Lane Family Connections		OFFICE USE		
	Child Care Enhancement Parent Subsidy Billing Form		Purchase order # P		
4000 East 30 th Ave.			Provider # L		
Eugene, OR 97405	Eugene, OR 97405				
Name:Address:	Provider V Date issue				
This child care billing form is only valid fo	r care given from:	_			
The payment amount is based on the childr income eligibility requirements and have si The child(ren) must maintain enrollment at Please fill in all yellow boxes and sign an <i>Reminder: 1-62 hrs is your hourly (H) rate, 63</i>	gned a parent contract this site to continue to d date the form. -135 hrs is your part-tim	and been approved for fu o receive funds. e monthly rate (pt) and 136	unds from LFC. 5+ is your Full time tuition		
Parent Name:	Has the l	Family paid their 10% co-			
Family Co-Pay (based on eligibility chart)	<u>\$ -</u>	Other Child Care Subsid	ly (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:	\$	-
		Subsidy for this Family			
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2 Child's Name:	H, PT or FT	Total Hours:	Monthly Tution:	\$	-
3 Child's Name:	H, PT or FT	Total Hours:	Monthly Tution:	\$	-
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Parent/Guardian Name		Family paid their 10% co-			
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I certify the child care billed above is corre-		i i		<u> </u>	-
to Lane Family Connections if the amount	•		5		
Total rein	mbursement for Page (One: Page 1 of :	<u>2</u> <u>\$</u>	Page 1 of 2	-

This child care billing form is only valid for care given from: Strumber-06 The payment amount is based on the children in care whose families meet the child care enhancement inconcilgibility requirements and have signed a parent contract and been approved for funds from LFC. The children must maintain enformed must paint disc to continue to receive funds. Beneri Name: The the Family paid their 10% copay? Ves No Parent Name: ILPT or PT 1 Child's Name: ILPT or PT 2 Child's Name: ILPT or PT 1 Child's Name: ILPT or PT 2 Child's Name:	CCEP Provider/Center Parent Subsidy Billing Form									
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