

SOLANO FAMILY & CHILDREN'S SERVICES

421 Executive Court North - Fairfield, CA 94534-4019 – (707) 863-3950 – Fax: (707) 863-3975

NOTE: PLEASE DO NOT TURN IN THIS SPLIT SCHEDULE CCAF WITHOUT AN ORIGINAL CCAF – AS WE CANNOT PROCESS PAYMENT WITH THIS FORM ALONE

SPLIT SCHEDULE (CCAF)

Please Print All Information In the Spaces Below:

Child's Name: _____ Month Services Were Provided: _____
 Parent's Name: _____ Year Services Were Provided: _____
 Provider's Name: _____ Provider's Address: _____

ALL TIMES AND SIGNATURES ON THIS FORM MUST BE IN INK.

For Variable Schedules – Days without times, Absence, or DNO (Day of Non Operation) indicated, are No Care Days & reimbursement will not be made for those days.

PLEASE REMEMBER TO INCLUDE AM OR PM ON IN/OUT TIMES					SHADED AREAS ARE FOR CHILDREN WHO GO TO SCHOOL				
DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					A = Absence DNO = Day of Non Operation NC = No Care				

PARENT:

I certify that the hours of attendance (including holidays) as stated above are true and accurate and that child care was necessary for the purpose specified during my last certification of eligibility. I certify that I have reported all changes in my income, employment, training, family size, and all other eligibility/need during the month listed above, to my assigned Family Services Specialist. I further certify under penalty of perjury under the laws of the State of California that the above statements are true and correct to the best of my knowledge.

Parent's FULL Signature: _____ Date Signed: _____

CHILD CARE PROVIDER:

I certify that I provided the child care services stated above. I have claimed ALL child care hours provided by me at the address on file with SFCS, with the understanding that SFCS will ONLY reimburse me for the certified child care hours. I certify that I operated within compliance of all Subsidized Child Care Program Regulations and SFCS Provider Policies (as they apply to my type of care), while providing child care services during the month listed above. I further certify under penalty of perjury under the laws of the State of California that the above statements are true and correct to the best of my knowledge.

Provider's FULL Signature: _____ Date Signed: _____