

DAF and USMC Provider Cost Verification Form & Instruction

The Provider Cost Verification Form collects all required information about the child care rates your family will be charged by the child care provider. This includes discounts, registration fees, effective dates, rate changes, rate frequency, and the schedule of care. This form will be used to process your fee assistance application and ensure that no overpayments occur.

You will be required to submit this form with your family application after it has been confirmed that your child care provider is eligible to participate in the fee assistance programs. To review the provider eligibility requirements, childcareaware.org/feeassistance. You may also call and speak with a specialist at 1-800-424-2246. Please see the guidelines below for completing the form.

Instructions:

1. You should **VERIFY** that the provider is eligible to participate in the fee assistance program before completing the form.
2. Your Child Care Provider should **COMPLETE** the form.
 - a. Rates listed on the form should be the rates before and after discounts are applied. For example, a rate that is \$300 per week rate with a 10% sibling discount should be listed on the form as \$270 per week.
 - b. All rate changes must be included on the form, including new rates for classroom changes and age changes.
 - c. If your provider does not know the exact date of a rate change, please have them provide their best estimate as to when the rate change will occur. If it is an estimate, they should indicate that on the form. Annual facility rate increases cannot be processed unless it is provided in this form or on the provider's Rate sheet prior to the family's approval.
3. The form needs to be **SIGNED** by both the provider and the guardian.
4. The form is then **SUBMITTED** by the family with the family application.
5. The information provided on this form should be consistent with the information provided on the [Provider Discount Verification Form](#) and rate sheets on the provider's file.
6. Fee assistance is determined by calculating the difference between your child care facility's monthly fee and the DoD parent fee for similar child care services at the closest military installation. If your facility charges weekly, CCAoA will convert your weekly fee into a monthly fee by multiplying it by 4.33. (This calculation takes into account all months within the year whether they have 4 or 5 weeks.) Please note that the rate conversion (if required) will be performed by CCAoA at the time a fee assistance approval is granted and does not need to be calculated beforehand. The family is responsible for the DoD-established parent fees that sponsors pay on post, and any amount over the provider rate cap of \$1800.
7. Once completed by your provider, please submit the Provider Cost Verification form to msp@usa.childcareaware.org and include your Family ID #. Please note, you must have an application on file with CCAoA in order to submit this document.

**Disclaimer: The registration fee is currently not covered under the Department of the Air Force, Marine Corps, or NGA child care fee assistance programs. Please note that failure to correctly report accurate tuition information may result in removal from the fee assistance program, and if necessary, Child Care Aware of America may notify the branch of service or agency regarding any falsifications. Completing this form does not certify that the provider will qualify for the fee assistance program.*



DAF and USMC Provider Cost Verification Form

Provider and Family Information

Child Care Facility Name

Provider ID#

Child Care Director/Point of Contact

Provider Phone #

Provider Address (Where care is provided)

City

State

Zip Code

Sponsor Name

Family ID#

Rate Information

Child's Name	Days of Care (Select all days that apply)	Hours Child in Care Start Time to End Time	Rate Before / Rate After Discount	Effective Date
	M T W TH F	to	/	
	M T W TH F	to	/	
	M T W TH F	to	/	

Does the rate include the cost of lunch:

Yes

No

Does the rate include the cost of formula:

Yes

No

State Subsidy Received? If so, please include voucher

Rate Frequency:

Weekly

Monthly

Annually

Discounts (Describe discount given):

Start of Care Date

Rate Changes within the Next 12 Months

Child's Name	Days of Care (Select all days that apply)	Hours Child in Care Start Time to End Time	Rate Before / Rate After Discount	Effective Date
	M T W TH F	to	/	
	M T W TH F	to	/	
	M T W TH F	to	/	

Discounts (Describe discount given):

I certify that all above information is correct and that I am authorized to release this rate information. I understand that I must report any and all discounts and that I must report any changes to a child's schedule of care prior to the change being made. I understand that only consistent schedules of care are permitted. I also understand that I am responsible for any payments made in error and that in the event of overpayment, I must pay back monies to the Fee Assistance Programs. Failure to comply with any of these requirements or to correctly report information will result in termination from the program. Completing this form does not certify that the provider will qualify for the fee assistance program.

Child Care Director

X

Director's Signature

Date

Parent/Guardian Name

X

Parent/Guardian's Signature

Date