

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of Child and Family Services
2 Anthony Avenue 11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-7999; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-6308

Welcome to the Department of Health and Human Services Child Care Affordability Program. This program helps pay for child care for income eligible families, who are employed or attending an approved educational program.

Included in this packet for your records:

- Authorization of Release (Private information regarding family cases cannot be disclosed without ROI on record)
- Billing week schedule
- Child Care Market Rates
- Child Care Provider Information Sheet (complete and submit with individual family applications)
- Online Billing Instructions

To be completed and returned to CCAP:

- Completed Provider Agreement (page 1 and 2)
- State of Maine New Vendor Form
- Provide a copy of a blank sign in and out sheet (if you wish to use CCAP's, please indicate)
- Copy of your DHHS License
- Copy of your Quality Rating and Improvement System Certificate (QRIS)

Documents can be returned by mail, email, or fax to:

Email: CCAP.DHHS@maine.gov

Fax: (207) 287-6308

Mail: DHHS-OCFS, Child Care Affordability Program
2 Anthony Ave, 11 State House Station
Augusta, Me 04333-0011

Once you are an approved provider you must:

- Sign up for an online billing account (instructions included)
- Register for MRTQ and have all staff complete the Health and Safety Training within 90 days
- All staff complete Mandated reporter training within 30 days

Funding for this program is limited. If a parent or guardian is eligible but funding is not available, their name will be placed on a waiting list until funding becomes available.

If you have any questions, please contact Ashley Batchelder, CCAP Specialist, at ashley.batchelder@maine.gov or (207)799-7981

To access the Child Care Affordability Program website, please visit:

<https://www.maine.gov/dhhs/ocfs/support-for-families/child-care/paying-for-child-care>

Program Integrity Training : Training for Child Care Providers on policy, procedures, and systems is available at: [Child Care Subsidy Information for Providers | Department of Health and Human Services \(maine.gov\)](#)

**CHILD CARE AFFORDABILITY PROGRAM
LICENSED CHILD CARE PROVIDER AGREEMENT**

To be qualified to receive reimbursement from the Child Care Affordability Program, Child Care Providers must either be: (a) a Child Care Provider licensed by the Department, (b) a Child Care Provider licensed under New Hampshire DHHS Child Care Licensing Unit, or (c) a License-Exempt Child Care Provider Qualified by the Department under rule.

To qualify as a Licensed Child Care Providers must be one of the following:

1. **Family Child Care** means a licensed Child Care Provider's legal residence in which the Child Care Provider provides licensed Child Care Services for any part of a day, for three to twelve (3-12) Children who are not the Children of the Child Care Provider.
2. **Child Care Center** means an entity licensed by the Department in which a Child Care Provider maintains or otherwise provides Child Care Services, for any part of a day, for thirteen (13) or more Children.
3. **Child Care Facility** means an entity licensed by the Department in which a Child Care Provider maintains or otherwise provides Child Care Services, for any part of a day, for three (3) but no more than twelve (12) Children.
4. **Child Care Provider** Licensed under New Hampshire DHHS Child Care Licensing Unit.

THE CHILD CARE PROVIDER MUST AGREE TO ALL OF THE FOLLOWING:

1. Providers must provide child care services as specified in accordance with the State's Child Care Affordability Rules.
2. Licensed and License-Exempt Child Care Provider (excluding Relative Child Care Providers) are required to submit a request for a criminal background check for all current and prospective staff members, all adults residing in the location where Child Care Services are being provided, any individuals whose activities involve the care or supervision of Children or who have unsupervised access to Children, and the Child Care Provider him/herself as required by federal law (45 C.F.R. § 98.43).
3. The Department of Health and Human Services reserves the right to conduct unannounced on-site or desk audit reviews of child care providers who are receiving Child Care Affordability.
4. Required Trainings
 - a. Providers must enroll in the Maine Roads to Quality registry and Quality for ME, Quality Rating, and Improvement.
 - b. All Child Care Providers, Teachers, and directors associated with Child Care Providers (excluding Relative Child Care Providers) must have attained a minimum of a Star-One (1) quality rating from Maine Roads to Quality (MRTQ) and successfully completed the Department-Approved orientation training that includes, at a minimum, the Health and Safety Standards below, within ninety

(90) calendar days of beginning his/her work with Children as required by federal law (45 C.F.R. § 98.41).

- c. Please visit Maine Roads to Quality PDN at <https://mrtq.org/> to access the free on-demand 6-hour Health and Safety Orientation training or the annual Health and Safety Training.
 - d. All Provider must have completed Pediatric first aid and cardiopulmonary resuscitation (CPR) training.
 - e. For child care provider training and/or technical assistance, Inclusion Warm Line, or assistance with expulsion and suspension prevention please call (844) 209-5964 or visit mrtq.warmline@maine.edu
 - f. All child care personnel are required to be mandated reporters; meaning all child care personnel are required to report any suspected incident of child abuse or neglect and shall complete at least once every 4 years mandated reporter training approved by the department. Training can be found at: <https://www.maine.gov/dhhs/ocfs/mandated-reporters.shtml> and must be completed within 30 days of hire.
5. Providers are required to report to a designated State, Territory, or Tribal entity any serious injuries or deaths of children occurring in a child care setting.
 6. Providers must immediately notify the Department of Health and Human Services in the case of any contagious disease or potential public health threat.
 7. All child care personnel are required to be mandated reporters; meaning all child care personnel are required to report any suspected incident of child abuse or neglect and shall complete at least once every 4 years mandated reporter training approved by the department. Training can be found at: <https://mainemandatedreporter.org/#/> and must be completed within 30 days of hire
 8. Providers must accept all referrals from the Department of Health and Human Services without discrimination regarding race, color, national origin, ancestry, age, sex, religion, or special needs status.
 9. Parent Fee Collection
 - a. Collect the weekly parent fee as specified in the Child Care Affordability Program award letter. A provider is not eligible to begin receiving reimbursement until direct child care has started.
 - b. The parent fee must be collected on all weeks that CCAP is billed
 - c. Charge a total rate that does not exceed the rate charged to the child care provider's other parents for equivalent child care services.
 - d. Maintain a cash receipt journal of all fees collected from parents who are receiving Child Care Affordability Program and provide receipts to these parents for parent fees paid.
 - e. Refund any overpayments to the parent within thirty (30) days.
 - f. Parent fees cannot be waived.

10. Reimbursement

- a. To be processed, the Department of Health and Human Services' reimbursement billing form must be completed, signed, and returned by either mail, email, online, or fax biweekly according to the billing schedule issued by the Department of Health and Human Services. The provider may submit bills for the previous two- weeks no earlier than Friday at 5:00 p.m. The provider must submit bills for the previous two weeks no later than Wednesday at 12:00 p.m.
- b. Providers can not submit bills and corrections older than sixty (60) days.
- c. The child care provider must maintain a system for recording the days and the number of hours the child(ren) are in the child care provider's care. This system must also record unexcused absences and absences for reasonable cause for excused hours for each child on the attendance record. Parents will be required to sign these attendance records or a unique ID system to indicate their agreement to the number of hours of care provided weekly. Daily attendance records must be retained for a minimum of three (3) years. **A Provider is not eligible to begin receiving reimbursement until direct child care has started.**
- d. Total enrollment hours will be awarded in one (1) hour increments and cannot exceed fifty (50) hours per Child, per week. Exceptions are approved by the Department on a case-by-case basis.
- e. To maintain continuity of Child Care Services, in a twelve (12) month period (January to January), the Department will pay the Child Care Provider for State holidays, up to forty (40) training hours, and up to two (2) weeks (Saturday through Friday) of Child Care Provider vacation time as required by federal law (45 C.F.R. §98.45). The Child Care Provider may not charge CCAP families for additional vacation time beyond two (2) weeks.

11. Reporting

- a. When a Child Care Provider reports to the Department that a Child had more than twenty hours (20) Unacceptable Absences in a month, the Parent will be sent a letter explaining the policy pertaining to Unacceptable Absences. When a Child is absent from the program beyond two (2) consecutive weeks for the same Reasonable Cause, the Child Care Provider must obtain prior written approval from the Department to continue Child Care Affordability Payment.
 - i. **Unacceptable Absence** means a lack of attendance by a Child at the Child Care Service for more than two (2) calendar days per month without Reasonable Cause or previous approval from the Department.
 - ii. **Reasonable Cause** means Department-Approved reasons for a Child's absence from a Child Care Provider's program which may include, without limitation: Federal/State holidays; Parental vacation days; inclement weather defined by a snow day when local schools are closed; illness of the Child or other immediate Family member; appointments; transportation issues that affect the Parent's ability to transport the Child to care; Family visitations; Family emergencies, including, but not limited to, surgery, medical treatments, or accidents; or catastrophic events

affecting the Family, including but not limited to fires, storms, or accidents.

- iii. During summer vacations, children not in care due to parent visitation agreements will need to have their CCAP put “on hold” status.
- b. Immediately notify the Department of Health and Human Services, if a parent terminates child care services before the end date authorized on the Child Care Affordability award letter or contract. Indicate if the previous 2 weeks of parent fees have been paid in full.
- c. Notify the Department of Health and Human Services and parent, at least twelve (12) calendar days in advance of terminating services.
- d. Children will be considered school age if they become five (5) years of age on or prior to October 15th, unless the Department is notified the Child will not be attending school the school age rate will be applied to billing.
- e. For school age children full-time care will apply to school vacations. Part time, half time, quarter time care, will be based on the parent’s work and child’s school schedule.

12. Recordkeeping

- a. The Child Care Provider will maintain, retain, and provide to the Department upon request, daily attendance records; records must be retained for a minimum of three (3) years.
- b. The Child Care Provider must issue a receipt upon payment of the Parent Fee and retain copies of all receipts in agency files and keep fiscal records on all fee transactions for a minimum of three (3) years.
- c. Parents and Child Care Providers are required to sign attendance sheets or have a unique ID in a system weekly, at a minimum.
- d. The Child Care Provider’s attendance records must align with the submitted billing forms.
- e. Maintain confidentiality of all records and other information concerning parents and/or children, except for authorized disclosures to staff of the Department of Health and Human Services or other authorized State or Federal. agency staff in accordance with the law.

13. Rates

- a. Child Care Affordability contract rate(s) are in effect for the duration of this Agreement. When the parent reports a change in circumstances affecting a change in the parent fee and/or Child Care Affordability payment, the change shall become effective following redetermination of eligibility and the execution of a new Child Care Affordability award.
- b. The Child Care Affordability parent rate(s) shall not be higher than the rate(s) charged to private parents for the same program type. If the child care provider has a policy of requiring a one-time deposit, registration fee, or application fee for all parents, the parent will be responsible for these fees.

- c. Once enrolled, the only fee a parent receiving the Child Care Affordability Program is required to pay is the parent fee, except those noted in the Child Care Affordability rules.
- d. For the purpose of enrollment and billing for infants, toddlers, and preschoolers, full time is thirty (30) hours or more per week; part time is more than twenty (20), but less than thirty (30) hours per week; half-time is more than ten (10), but less than twenty (20) hours per week; and quarter time is more than one (1), but less than ten (10) hours per week. Billing shall coincide with these hours (see table below).
- e. For the purpose of enrollment and billing for school age children, full time is thirty (30) hours or more per week; part time is more than eleven (11), but less than thirty (30) hours per week; half-time is more than six (6), but less than eleven (11) hours per week; and quarter-time is more than one (1), but less than six (6) hours per week. Billing shall coincide with these hours (see table below).

	Full Time	Part Time	Half Time	Quarter Time
Infant (6 weeks until their first birthday)	30-50 Hours	20-29 Hours	10-19 Hours	1-9 Hours
Toddler (Age 1 until their 3 rd birthday)	30-50 Hours	20-29 Hours	10-19 Hours	1-9 Hours
Preschool (Age 3 until enrolled in FT Kindergarten)	30-50 Hours	20-29 Hours	10-19 Hours	1-9 Hours
School Aged (Age 5 until their 13 th birthday)	30-50 Hours	11-29 Hours	6-10 Hours	1-5 Hours

- f. Child Care Affordability Program can continue up to age twelve (12) years old or who turns thirteen (13) during the award period and can include a child between the age of thirteen (13) and eighteen (18) who has been determined by a professional to be a child with a disability.

14. Department Responsibilities

- a. When the Child Care Provider’s billing form is free of errors and submitted to the Department within the time frame stipulated in this Provider Agreement, the Department will pay the Child Care Provider within twenty-one (21) calendar days of receipt.
- b. Furnish the Child Care provider a copy of Notification of Termination issued to the parent or use of alternative form of notification when sensitive information should not be shared with the Child Care Provider.

15. Site Visits

- a. Encourage parent and child visitation to the program, prior to acceptance.
- b. Encourage parent involvement, allow unlimited parental access, and give parents information about the child’s program activities.
- c. Allow site visits by Department of Health and Human Services staff.



Department of Health and Human Services
Office of Child and Family Services
Child Care Affordability Program
Licensed Child Care Provider Agreement

The Department of Health and Human Services may verify that the child care provider is complying with all the above statements. Providers found to be noncompliant will have thirty (30) days to come into compliance. Noncompliance continuing after the thirty (30) days may result in termination from participation in the Child Care Affordability Program

Provider Name/ Business name: _____

Physical Address: _____

Mailing Address: _____

County: _____ **Telephone Number:** _____

Email: _____ **Fax Number:** _____

Social Security / EIN: _____ **Language:** _____

Type of Child Care Provider (Please circle one) **Child Care Center** **Child Care Facility** **Family Child Care**

License Number: _____ **Expiration date:** _____ **Capacity:** _____

Ages of Children: _____ **Hours of Operation:** _____

Quality Certificate Number: _____ **QRIS Star:** 1 2 3 4 5 (Please circle current star)

Please list the rate that you charge for the span of hours. All rates must be entered for form to be complete

	Full-time Rate	Part-time Rate	Half-time Rate	Quarter-time Rate
Infant (6 weeks to < 13 mo.)	30+ hours per week	20-29 hours per week	10-19 hours per week	1-9 hours per week
Toddler Rate (13 mo to 36 mo.)	30+ hours per week	20-29 hours per week	10-19 hours per week	1-9 hours per week
Preschool Rate (36 mo. to enrolled in FT Kindergarten)	30+ hours per week	20-29 hours per week	10-19 hours per week	1-9 hours per week
School Age Rate (enrolled in school)	30+ hours per week	11-29 hours per week	6-10 hours per week	1-5 hours per week

Do you charge a registration fee? Yes

Effective Dates of the Child Care Provider Agreement

Child Care Affordability Program rates are not effective until the rate(s) are approved by the Department of Health and Human Services and rates can only be modified annually or upon completion of this Agreement. This Agreement is not effective until signed by both parties.

This Agreement shall be in effect from _____ to **07/05/2024** at which time a new Agreement must be signed if service provision is to continue. The Agreement may be terminated by either party upon twelve (12) days written notice or suspended immediately in the case of emergency action by the Department of Health and Human Services.

I understand that I am entering into this Agreement as an independent contractor and may, in no way, be considered an employee of the State or Federal Government. I further agree to hold harmless the State and Federal governments for any damages to person(s) or property, which may arise out of the delivery of services under this Agreement.

I give my permission for the Department of Health and Human Services to access information from the Department of Health and Human Services and the Department of Motor Vehicles which pertain to my ability to care for Children.

I understand the policies contained in this Agreement, and I agree to comply fully with them. Further, I certify that the rate(s) listed are approved according to the Child Care Affordability policy. I understand that upon a further review of rate information by the Department of Health and Human Services, justification must be provided to support the rate(s), or the rate(s) will be adjusted accordingly.

SIGNATURE REQUIRED: Please sign, date and return

I certify under penalty of perjury that to the best of my knowledge the above information is true. I understand that this information will be provided to the Department of Health and Human Services for use in administration of this program. I authorize the agency to verify this information by whatever means necessary.

Signature of Child Care Provider

Date

Signature of Department of Health and Human Services Staff

Date

► ***Return completed form to:***

Child Care Affordability Program
2 Anthony Avenue
11 State House Station
Augusta, ME 04333-0011

EMAIL CCAP.DHHS@Maine.gov
Or FAX 207-287-6308



State of Maine Substitute W-9 & Vendor Authorization Form

RETURN TO:
by mail
to the agency who requested the form or sent it to you, or the agency you're doing business with.
(i.e., DHHS/Labor/ DEP/Education/etc)

PURPOSE: To establish or update an account with the State of Maine's accounting system.
Complete this form if: 1) You will receive payment from the State of Maine, and/or 2) You are a vendor who provides services or goods to the State of Maine.

This form replaces the IRS W-9 form per the IRS W-9 language: "If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9."

FILL OUT FORM COMPLETELY - ALL AREAS WITH * ARE REQUIRED - ONLY ONE NAME & TIN PER A FORM

TYPE OF REQUEST*: (Must select one.)

- New Request New Location/Additional Entry Change
- Legal Name Phone # Contact Info Payment Address
 DBA Name Care Of Email Only Ordering Address

TAXPAYER ID NUMBER* (TIN) (Provide ONE only)

Social Security # (person) or a Federal Employer ID # (business) TIN

TIN Type * choose ONE	Organization Type *	Classification * choose ONE	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship
<input type="radio"/> Social Security No. →	<input type="radio"/> Individual →	<input type="checkbox"/> State Employee	<input type="checkbox"/> Estate	<input type="checkbox"/> Nonresident Alien
<input type="radio"/> Employer ID No. →	<input type="radio"/> Company →	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
		<input type="checkbox"/> Other Gov't	<input type="checkbox"/> Federal Gov't	<input type="checkbox"/> State Gov't
			<input type="checkbox"/> Estate	<input type="checkbox"/> Other Non-Profit Org
			<input type="checkbox"/> Other	<input type="checkbox"/> Foreign (W8 required)

LEGAL NAME (Must provide: Legal name filed with IRS tied to the ID number, SSN=first & last name/FEIN=business name)

Legal Name* Alias/DBA

Other Info

Vendor Customer Number (if known) VC#/VS# Account/Client/Provider Number (if known)

Payment Address*

My Billing Address Admin. Address is the same.

Address C/O
City/State/Zip Phone

Contact*

Name Phone Ext
Email Send me Email notifications of DD/EFT (requires Direct Deposit/EFT form to be completed)

Procurement/Physical Address*

My Billing Address Admin. Address is the same.

Address C/O
City/State/Zip Phone

Contact*

Name Phone Ext
Email

Authorized Signature, Title & Current Date*

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number, and 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U. S. citizen or other U. S. person (defined by the IRS). Ref: www.irs.gov

OFFICE USE ONLY

Information on State Agency Submitting Vendor Form

OFFICE USE ONLY

State Agency & SHS #

Agency Contact Person Name & Title

Contact's Phone #

STATE OF MAINE
NEW VENDOR & VENDOR UPDATE FORM
INSTRUCTIONS

1. TYPE OF REQUEST

- a. Is it **NEW**?
- b. Adding location? (a sub/child entry to another existing.)
- c. **CHANGES** to existing? Checkmark a type.

2. FEDERAL TAXPAYER ID NUMBER

❖ **NOTE: Provide only ONE or the other do NOT give us both. If one is not provided the form is NOT processed.**

- Your social security number if you are an individual and being paid as such.

OR

- Your EIN if you're a company and being paid as such.

NOTE: follow ACROSS the paper – do not cross over between the types.

3. SOCIAL SECURITY NUMBER

- a. TIN TYPE - Social Security Number – if you gave SSN above.
- b. ORGANIZATION TYPE – Individual
- c. CLASSIFICATION – choose one (individual/sole prop/st employee/estate/non-res alien)

4. EMPLOYER ID NUMBER

- a. TIN TYPE- if you gave EIN above.
- b. ORGANIZATION TYPE – Company
- c. CLASSIFICATION – choose one

(corporation/partnership/trust/estate/other non-prof org/other gov't/fed gov't/st gov't/other/foreign)

5. LEGAL NAME

- a. LEGAL NAME: Person's first & last name if an SSN is provided above. OR Company's name if an EIN is provided above.
- b. ALIIS/DBA: alias or also known as OR the DBA = doing business as is entered here.

6. OTHER INFO (add in addition to TIN - NOT instead of)

- a. Vendor Code a number that was assigned by the State of Maine's accounting system Advantage. Usually a VC or VS number. (if known)
- b. Account/Client/Provider Number may have been assigned by DHHS/LABOR or an NPI. (if known)

7. PAYMENT ADDRESS

- a. Address = Street **OR** post office box address (**NOT both**)
- b. C/O = Care Of or attention to (ATTN) goes in this space.
- c. City, State, & Zip
- d. Phone = the phone number of the legal name above.

❖ My BILLING and/or Admin Address is the same. (Advantage has 4 types of addresses: Payment/Procurement/Billing/Administrator)

8. CONTACT

- a. Contact name for above address that we can contact in reference to payments.
- b. Contact phone number & extension for above address.
- c. Contact's Email for above address.
- d. Email notification of Direct Deposit/EFT (requires Direct Deposit/EFT form to be completed.)

9. PHYSICAL / PROCUREMENT ADDRESS ~ follow #7's a-d above in reference to contracts.

10. CONTACT ~ follow #8's a-d above in reference to contracts.

❖ **NOTE: addresses may be different between payment & procurement/physical**

11. AUTHORIZED SIGNATURE, TITLE & DATE

a person authorized to make changes for individual (self if form is for self) or company.

State of Maine Substitute W-9 & Vendor Authorization Form

ATTENTION: To be used by the agency when requesting the form. Complete this form if you are a vendor or contractor. This form is required for all vendors. If you are a vendor or contractor, you must complete this form. If you are a vendor or contractor, you must complete this form. If you are a vendor or contractor, you must complete this form.

1. TYPE OF REQUEST: (Just select one.)
 New Request New Location/Additional Entry Change Legal Name Payer # Contact Info Payment Address

2. FEDERAL TAXPAYER ID NUMBER - TIN: (Provide ONE only)
 Social Security # (individual) TIN

3. TIN TYPE: (Choose one)
 Social Security No. Federal Employer ID #

4. ORGANIZATION TYPE:
 Individual State Employee Estate Nonresident Alien

5. CLASSIFICATION:
 Sole Proprietorship Partnership Trust Estate Other Non-Profit Org Other Gov't Federal Gov't State Gov't Other Foreign (498 required)

6. LEGAL NAME: (Must provide: Legal name first with IRS due to the ID number, last name & last name & EIN - if applicable)
 Legal Name (a) Alias/DBA (b)

7. OTHER INFO:
 Vendor/Client/Provider # (if known) Account/Client/Provider Number (if known)

8. PAYMENT ADDRESS:
 My Billing Address Admin Address is the same.
 Address: (a) C/O (b)
 City/State/Zip (c) Phone (d)

9. CONTACT:
 Name (a) Phone (b) Ext
 Email (c)

10. PROCUREMENT/PHYSICAL ADDRESS:
 My Billing Address Admin Address is the same.
 Address: (a) C/O (b)
 City/State/Zip (c) Phone (d)

11. AUTHORIZED SIGNATURE, TITLE & DATE:
 Name (a) Phone (b) Ext
 Email (c)

Authorized Signature, Title & Current Date:
 Signature: _____ Title: _____ Date: _____

Information on State Agency Submitting Vendor Form

OFFICE USE ONLY Agency Name & S/S: _____ Agency Contact Person Name & Title: _____ Contact Phone #: _____

OFFICE USE ONLY

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Maine Department of Health and Human Services
Child and Family Services
Child Care Subsidy Program
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Approved CCAP Provider Online Billing

In efforts to reduce the cost of postage and paper, CCAP encourages the use of online billing. Please read the instructions listed below for use of online billing accounts. Online billing ensures that your billing information has been received on time.

Visit: <https://gateway.maine.gov/DHHS/ccsp/Account/ProviderLogin.aspx>

- Click on the link that says, “Click here to apply for new Provider Account.”

When the page opens, enter the following information:

- The License/Provider ID #, which is 6 digits long
 - If you don't know your License/Provider ID #, request the information by email at ccap.dhhs@maine.gov
 - If you have received paper billing, it can be found in the upper right-hand corner of the page.
- Enter the new user's first and last name.
 - The user is the person who is entering billing information for the Child Care Provider. This person might be the owner, manager, accountant, or book keeper of the Child Care Center, Facility or Home.
- Enter the new user's email address.
- Verify the Business Physical Address
- Verify the Business Mailing Address
 - If the wrong physical address and/or mailing address is entered, the appropriate billing information will not show up.
- Read the Release Statement and place a checkmark in the box to acknowledge that you've read and understand the Release Statement.
- Click SUBMIT!

A CCAP Eligibility Specialist will need to approve your online billing account. If this hasn't happened within 24 hours of sign up, please email ccap.dhhs@maine.gov

Quick Reference Guide to Provider Billing

Provider billing is submitted after care is complete, but no sooner than Friday at 5:00 p.m. following the bi-weekly billing schedule. For billing to be processed that week it must be submitted by noon on Wednesday. For billing to be paid it must be submitted within 60 days of the established deadline. Once it is submitted free of errors the Department will pay the childcare provider within fifteen days of receipt. The below information is a quick reference guide to billing. For complete information refer to your Provider Agreement and Child Care Affordability Program Rules.

Column Explanation

Parent Fee Current Y/N - Parent portion paid to the provider by the parent.

Regular Hours – Total physical hours the child attended for the week between 6:00a.m.- 6:00 p.m. Monday-Friday.

Excused Hours – Absences that you know about and must be noted on the form. **Reasonable Cause** means Department-Approved reasons for a Child’s absence from a Child Care Provider’s program which may include, without limitation: Federal/State holidays; Parental vacation days; inclement weather defined by a snow day when local schools are closed; illness of the Child or other immediate Family member; appointments; transportation issues that affect the Parent’s ability to transport the Child to care; Family visitations: Family emergencies, including, but not limited to, surgery, medical treatments, or accidents; or catastrophic events affecting the Family, including but not limited to fires, storms, or accidents.

When a Child is absent from the program beyond two (2) consecutive weeks for the same Reasonable Cause, the Child Care Provider must obtain prior written approval from the Department to continue Child Care Subsidy Payment.

During Summer vacations, children not in care due to parent visitation agreement, will need to have their CCPP put “on hold” status.

Excused Days - skip

Un-excused Hours - Unacceptable Absence means a lack of attendance by a Child at the Child Care Service for more than two (2) calendar days per month without Reasonable Cause or previous approval from the Department.

Provider Vacation To maintain continuity of Child Care Services, in a twelve (12) month period (January to January), the Department will pay the Child Care Provider for: state holidays and up to fifty (50) hours of Child Care Provider vacation time as required by federal law (45 C.F.R. §98.45)

* **Tip:** Many providers take vacation the same week that a holiday falls on ex: July 4th week and Christmas week. CCAP will get a billing form using 40 hours of vacation time. The provider may bill 8 hours for the holiday during that vacation week as excused. Full time care is

30 hours. An additional 22 hours of vacation time would equal full time pay for the week for a provider. This leaves the provider enough time for a 2nd paid vacation during the Christmas break.

Provider Training To maintain continuity of Child Care Services, in a twelve (12) month period (January to January) the Department will pay the Child Care Provider for: up to forty (40) training hours.

Unexcused Days – skip

Off Hours – Care between the hours of 6:00 p.m. and 6:00 a.m. and on weekends. An additional payment of 35% of the providers base rate for the hours used will be paid)

Total Hours- total hours of care for the week – Add up

Unacceptable Absence means a lack of attendance by a Child at the Child Care Service for more than two (2) calendar days per month without Reasonable Cause or previous approval from the Department

Week 2 Billing Period: 9/25/2021 - 10/1/2021

Child	Age Group	Parent Fee Current Y/N	Regular Hours	Excused Hours	Excused Days	Un-excused Hours	Provider Vacation	Provider Training	Un-excused Days	Off Hours	Total Hours
	Toddler										
	Infant										
	Preschooler										

Infant means a child six (6) weeks through twelve (12) months of age

Toddler is a child thirteen (13) months through thirty-six (36) months of age

Preschooler is a child more than 36 months of age but not yet enrolled in kindergarten

School age is a child enrolled in kindergarten

	Full Time	Part Time	Half Time	Quarter Time
Infant/Toddler/Preschool	30 + hours per week	20-29 hours per week	10-19 hours per week	1-9 hours per week
School Age	30 + hours per week	11-29 hours per week	6-10 hours per week	1-5 hours per week

**Child Care Affordability Program
Billing Week Schedule, December 2023 through January 2025**

CCAP follows a Bi-weekly Billing Schedule. The forms are submitted after the care is complete, but no sooner than Friday at 5:00 p.m. following the schedule listed below. Any bills submitted early will be rejected. For billing to be processed it must be received without error by noon on Wednesday. When the Child Care Provider's billing form is free of errors and submitted to the Department within the time frame stipulated, the Department will pay the Child Care Provider within twenty-one (21) calendar days of receipt. The Department will not pay a Child Care Provider who does not submit a bill within sixty (60) calendar days of the Department established submission deadline.

The State of Maine observes the following list of holidays. Offices may be closed, and billing delayed, during these weeks. New Year's Day, Martin Luther King, Jr. Day, President's Day, Patriot's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Indigenous Peoples Day, Veterans Day, Thanksgiving Day and the day following, and Christmas.

For additional information about billing and payment, please refer to your Provider Agreement

Bi-Weekly Billing Cycle	Dates to Submit Billing for it to be processed.
12/2-12/15	Fri 12/15 after 5 p.m. until Wed 12/20 by noon
12/16-12/29	Fri 12/29 after 5 p.m. until Wed. 01/03/24 by noon
12/30 – 01/12/24	Fri 01/12 after 5 p.m. until Wed. 01/017 by noon
01/13 – 01/26	Fri 01/26 after 5 p.m. until Wed. 01/31 by noon
01/27 – 2/9	Fri. 02/09 after 5 p.m. until Wed. 02/14 by noon
02/10 – 02/23	Fri. 02/23 after 5 p.m. until Wed. 02/28 by noon
02/24 – 03/08	Fri. 03/08 after 5 p.m. until Wed. 03/13 by noon
03/09 – 03/22	Fri. 03/22 after 5 p.m. until Wed. 03/27 by noon
03/23 – 04/05	Fri. 04/05 after 5 p.m. until Wed. 04/10 by noon
04/06 – 04/19	Fri. 04/19 after 5 p.m. until Wed. 04/24 by noon
04/20 – 05/03	Fri. 05/03 after 5 p.m. until Wed. 05/08 by noon
05/04 – 05/17	Fri. 05/17 after 5 p.m. until Wed. 05/22 by noon
05/18 – 05/31	Fri. 05/31 after 5 p.m. until Wed. 06/05 by noon
06/01 – 06/14	Fri. 06/14 after 5 p.m. until Wed. 06/15 by noon
06/15 – 06/28	Fri. 06/28 after 5 p.m. until Wed. 07/03 by noon
06/29 – 07/12	Fri. 7/12 after 5 p.m. until Wed. 07/17 by noon
07/13 – 07/26	Fri. 07/26 after 5 p.m. until Wed. 07/31 by noon
07/27 – 08/09	Fri. 08/09 after 5 p.m until Wed. 08/14 by noon
08/10 – 8/23	Fri. 08/23 after 5 p.m. until Wed. 08/28 by noon
08/24 – 09/06	Fri. 09/06 after 5 p.m. until Wed. 09/11 by noon
09/07 – 09/20	Fri. 09/20 after 5 p.m. until Wed. 09/25 by noon
09/21 – 10/04	Fri. 10/04 after 5 p.m. until Wed. 10/09 by noon
10/05 – 10/18	Fri. 10/08 after 5 p.m. until Wed 10/23 by noon
10/19 – 11/01	Fri. 11/01 after 5 p.m. until Wed. 11/06 by noon
11/02 – 11/15	Fri. 11/15 after 5 p.m. until Wed. 11/20 by noon
11/16 – 11/29	Fri. 11/29 after 5 p.m. until Wed. 12/04 by noon
11/30 – 12/13	Fri. 12/13 after 5 p.m. until Wed. 12/18 by noon
12/14 – 12/27	Fri. 12/27 after 5 p.m. until Wed. 01/01/25 by noon
12/28 – 01/10/25	Fri. 01/10 after 5 p.m. until Wed. 01/15 by noon
01/11 – 01/24	Fri. 01/24 after 5 p.m. until Wed. 01/29 by noon

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD CARE MARKET RATES JULY 3, 2021

County	Licensed Child Care Center				Licensed Family Child Care Maximum Rate				License-Exempt Child Care Maximum Rate			
	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time
ANDROSCOGGIN												
Infants	\$215.00	\$161.25	\$107.50	\$53.75	\$170.00	\$127.50	\$85.00	\$42.50	\$119.00	\$89.25	\$59.50	\$29.75
Toddlers	\$200.00	\$150.00	\$100.00	\$50.00	\$160.00	\$120.00	\$80.00	\$40.00	\$112.00	\$84.00	\$56.00	\$28.00
Preschool	\$165.00	\$123.75	\$82.50	\$41.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$155.00	\$116.25	\$77.50	\$38.75	\$135.00	\$101.25	\$67.50	\$33.75	\$94.50	\$70.88	\$47.25	\$23.63
AROOSTOOK												
Infants	\$185.00	\$138.75	\$92.50	\$46.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
Toddlers	\$154.00	\$115.50	\$77.00	\$38.50	\$130.00	\$97.50	\$65.00	\$32.50	\$91.00	\$68.25	\$45.50	\$22.75
Preschool	\$148.00	\$111.00	\$74.00	\$37.00	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88
School Age	\$140.00	\$105.00	\$70.00	\$35.00	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88
CUMBERLAND												
Infants	\$303.00	\$227.25	\$151.50	\$75.75	\$225.00	\$168.75	\$112.50	\$56.25	\$157.50	\$118.13	\$78.75	\$39.38
Toddlers	\$279.00	\$209.25	\$139.50	\$69.75	\$200.00	\$150.00	\$100.00	\$50.00	\$140.00	\$105.00	\$70.00	\$35.00
Preschool	\$263.08	\$197.31	\$131.54	\$65.77	\$225.00	\$168.75	\$112.50	\$56.25	\$157.50	\$118.13	\$78.75	\$39.38
School Age	\$180.00	\$135.00	\$90.00	\$45.00	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
FRANKLIN												
Infants	\$205.00	\$153.75	\$102.50	\$51.25	\$193.75	\$145.31	\$96.88	\$48.44	\$135.63	\$101.72	\$67.82	\$33.91
Toddlers	\$196.00	\$147.00	\$98.00	\$49.00	\$172.50	\$129.38	\$86.25	\$43.13	\$120.75	\$90.56	\$60.38	\$30.19
Preschool	\$181.67	\$136.25	\$90.84	\$45.42	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$125.00	\$93.75	\$62.50	\$31.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
HANCOCK												
Infants	\$227.00	\$170.25	\$113.50	\$56.75	\$157.25	\$117.94	\$78.63	\$39.31	\$110.08	\$82.56	\$55.04	\$27.52
Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
Preschool	\$197.00	\$147.75	\$98.50	\$49.25	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
School Age	\$149.00	\$111.75	\$74.50	\$37.25	\$145.00	\$108.75	\$72.50	\$36.25	\$101.50	\$76.13	\$50.75	\$25.38
KENNEBEC												
Infants	\$220.00	\$165.00	\$110.00	\$55.00	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
Toddlers	\$200.00	\$150.00	\$100.00	\$50.00	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
Preschool	\$267.00	\$200.25	\$133.50	\$66.75	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$145.00	\$108.75	\$72.50	\$36.25	\$125.00	\$93.75	\$62.50	\$31.25	\$87.50	\$65.63	\$43.75	\$21.88

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD CARE MARKET RATES July 3, 2021

County	Licensed Child Care Center				Licensed Family Child Care Maximum Rate				License-Exempt Child Care Maximum Rate			
	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time
KNOX												
Infants	\$219.00	\$164.25	\$109.50	\$54.75	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$160.00	\$120.00	\$80.00	\$40.00	\$112.00	\$84.00	\$56.00	\$28.00
Preschool	\$209.00	\$156.75	\$104.50	\$52.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$220.00	\$165.00	\$110.00	\$55.00	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
LINCOLN												
Infants	\$210.00	\$157.50	\$105.00	\$52.50	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
Toddlers	\$200.00	\$150.00	\$100.00	\$50.00	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
Preschool	\$200.00	\$150.00	\$100.00	\$50.00	\$180.00	\$135.00	\$90.00	\$45.00	\$126.00	\$94.50	\$63.00	\$31.50
School Age	\$178.75	\$134.06	\$89.38	\$44.69	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
OXFORD												
Infants	\$205.00	\$153.75	\$102.50	\$51.25	\$193.75	\$145.31	\$96.88	\$48.44	\$135.63	\$101.72	\$67.82	\$33.91
Toddlers	\$196.00	\$147.00	\$98.00	\$49.00	\$172.50	\$129.38	\$86.25	\$43.13	\$120.75	\$90.56	\$60.38	\$30.19
Preschool	\$181.67	\$136.25	\$90.84	\$45.42	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$125.00	\$93.75	\$62.50	\$31.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
PENOBSCOT												
Infants	\$255.00	\$191.25	\$127.50	\$63.75	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
Toddlers	\$230.00	\$172.50	\$115.00	\$57.50	\$180.00	\$135.00	\$90.00	\$45.00	\$126.00	\$94.50	\$63.00	\$31.50
Preschool	\$205.00	\$153.75	\$102.50	\$51.25	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
School Age	\$200.00	\$150.00	\$100.00	\$50.00	\$165.00	\$123.75	\$82.50	\$41.25	\$115.50	\$86.63	\$57.75	\$28.88
PISCATAQUIS												
Infants	\$185.00	\$138.75	\$92.50	\$46.25	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
Toddlers	\$154.00	\$115.50	\$77.00	\$38.50	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
Preschool	\$148.00	\$111.00	\$74.00	\$37.00	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$140.00	\$105.00	\$70.00	\$35.00	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
SAGADAHOC												
Infants	\$210.00	\$157.50	\$105.00	\$52.50	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
Toddlers	\$200.00	\$150.00	\$100.00	\$50.00	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
Preschool	\$200.00	\$150.00	\$100.00	\$50.00	\$180.00	\$135.00	\$90.00	\$45.00	\$126.00	\$94.50	\$63.00	\$31.50
School Age	\$178.75	\$134.06	\$89.38	\$44.69	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25

MAINE DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILD CARE MARKET RATES July 3, 2021

County	Licensed Child Care Center				Licensed Family Child Care Maximum Rate				License-Exempt Child Care Maximum Rate			
	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time	Full Time	Part Time	Half Time	Qtr Time
SOMERSET												
Infants	\$185.00	\$138.75	\$92.50	\$46.25	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
Toddlers	\$154.00	\$115.50	\$77.00	\$38.50	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
Preschool	\$148.00	\$111.00	\$74.00	\$37.00	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$140.00	\$105.00	\$70.00	\$35.00	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
WALDO												
Infants	\$219.00	\$164.25	\$109.50	\$54.75	\$175.00	\$131.25	\$87.50	\$43.75	\$122.50	\$91.88	\$61.25	\$30.63
Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$160.00	\$120.00	\$80.00	\$40.00	\$112.00	\$84.00	\$56.00	\$28.00
Preschool	\$209.00	\$156.75	\$104.50	\$52.25	\$150.00	\$112.50	\$75.00	\$37.50	\$105.00	\$78.75	\$52.50	\$26.25
School Age	\$220.00	\$165.00	\$110.00	\$55.00	\$140.00	\$105.00	\$70.00	\$35.00	\$98.00	\$73.50	\$49.00	\$24.50
WASHINGTON												
Infants	\$227.00	\$170.25	\$113.50	\$56.75	\$157.25	\$117.94	\$78.63	\$39.31	\$110.08	\$82.56	\$55.04	\$27.52
Toddlers	\$219.00	\$164.25	\$109.50	\$54.75	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
Preschool	\$197.00	\$147.75	\$98.50	\$49.25	\$155.00	\$116.25	\$77.50	\$38.75	\$108.50	\$81.38	\$54.25	\$27.13
School Age	\$149.00	\$111.75	\$74.50	\$37.25	\$145.00	\$108.75	\$72.50	\$36.25	\$101.50	\$76.13	\$50.75	\$25.38
YORK												
Infants	\$270.00	\$202.50	\$135.00	\$67.50	\$210.00	\$157.50	\$105.00	\$52.50	\$147.00	\$110.25	\$73.50	\$36.75
Toddlers	\$255.00	\$191.25	\$127.50	\$63.75	\$200.00	\$150.00	\$100.00	\$50.00	\$140.00	\$105.00	\$70.00	\$35.00
Preschool	\$240.00	\$180.00	\$120.00	\$60.00	\$185.00	\$138.75	\$92.50	\$46.25	\$129.50	\$97.13	\$64.75	\$32.38
School Age	\$204.00	\$153.00	\$102.00	\$51.00	\$165.00	\$123.75	\$82.50	\$41.25	\$115.50	\$86.63	\$57.75	\$28.88

Infant means a child six (6) weeks through twelve (12) months of age

Toddler is a child thirteen (13) months through thirty-six (36) months of age

Preschooler is a child more than 36 months of age but not yet enrolled in Kindergarten

School age is a child enrolled in Kindergarten

	Full Time	Part Time	Half Time	Quarter Time
Infant/Toddler/Preschool	30 + hours per week	20-29 hours per week	10-19 hours per week	0-9 hours per week
School Age	30 + hours per week	11-29 hours per week	6-10 hours per week	0-5 hours per week

TIME IN/OUT SHEET

Name of Child Care Provider/Facility: _____

The Child Care Provider must maintain a system for recording the days and the number of hours the Child(ren) are in the Child Care Provider’s care.

Parents are required to sign these attendance records to indicate their agreement to the number of hours of care provided weekly.

CCAP may request copies of your time in/out sheet, please maintain these records.

Please keep for your record keeping.

Date:

Day	Child’s Name	Time Dropped Off	Time Picked Up	Total Hours of Care for the Day	Parent’s Signature	Reason for Absences
*Saturday						
*Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Date:

Day	Child’s Name	Time Dropped Off	Time Picked Up	Total Hours of Care for the Day	Parent’s Signature	Reason for Absences
*Saturday						
*Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

*Off Hour Care is Saturday, Sunday and between 6 p.m. to 6 a.m. Monday through Friday



Child Care Affordability Program – Child Care Provider Information Sheet

Please have your Child Care Provider complete this form and return it to you for **packet completion**

Child Care Provider Responsible for Completion	
1. Parent Name:	
2. Child(ren's) Name(s):	
3. Date child is expected to begin your program (care cannot be billed until an award is received and the child physically attends care):	

Provider Information	
1. Business Name:	2. Provider hours of operation (example 7am-5pm):
3. Before/after school hours of operation (example: 7am-8am/3pm-5pm):	
4. Name of Contact Person:	5. Phone Number:
6. Address:	
7. Email Address:	
8. Provider Type: (select below)	
<input type="checkbox"/> Licensed	License Number/CCAP Billing Number:
<input type="checkbox"/> License Exempt Provider	*Background check paperwork may take up to 45 days to process* *Additional paperwork will be sent for completion*
<ul style="list-style-type: none"> • Must be 18 years old and may not reside at the same address as the child(ren); and • Can only watch a maximum of two (2) children • Must be a Maine resident for 6 months 	
Check one:	
In <u>Providers</u> Home: <input type="checkbox"/> Unrelated <input type="checkbox"/> Related (must indicate relationship to child) _____	
In <u>Child's</u> Home: <input type="checkbox"/> Unrelated <input type="checkbox"/> Related (must indicate relationship to child) _____	
School Age Program/Recreational <input type="checkbox"/>	

By signing below you acknowledge that the **Child Care Affordability Program does not pay retroactively** and the parent is responsible for all payments until you receive an award letter. If you are a new provider to the Child Care Affordability Program you will be receiving additional paperwork that needs to be completed.

Providers Name (Print): _____ Preferred Language: _____

Provider's Signature: _____ Date: _____

***Typed signature not accepted**



Authorization to Release Information

**We are committed to the privacy of your information.
Please read this form carefully.**

Which DHHS office(s) should help you? Please check.

<input type="checkbox"/> Office of MaineCare Services	<input type="checkbox"/> Substance Abuse and Mental Health Services
<input type="checkbox"/> Office for Family Independence and Medical Review Team	<input type="checkbox"/> Office of Child and Family Services
<input type="checkbox"/> Maine Center for Disease Control and Prevention	<input type="checkbox"/> Office of Aging and Disability Services
<input type="checkbox"/> Dorothea Dix Psychiatric Center	<input type="checkbox"/> Office of Administrative Hearings
<input type="checkbox"/> Riverview Psychiatric Center	<input type="checkbox"/> Other: _____

Is the DHHS office releasing information from its records? **Or obtaining records from a provider?**

Whose information is being released? Please print clearly.

Individual's Name	Date of Birth	Social Security #
Home Address	Town/City	State Zip Code
Telephone () -	Email address @	

What information should DHHS release or obtain? Please check all that apply.

<p>General permission:</p> <p><input type="checkbox"/> All health information</p> <p><input type="checkbox"/> Claims or encounter data (information about visits to health care providers)</p> <p><input type="checkbox"/> Billing, payment, income, banking, tax, asset, or data needed to see if you qualify for DHHS program benefits</p> <p><input type="checkbox"/> Limit to the following date(s) or type(s) of information: (for example "Lab test dated June 2, 2017" or "Claims from 2015-2017")</p> <p>_____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Special permission: Drug/Alcohol Referral or Services</p> <p><input type="checkbox"/> Include all drug/alcohol information in the release</p> <p><input type="checkbox"/> Include only the specific drug/alcohol records checked:</p> <p><input type="checkbox"/> Diagnosis and treatment</p> <p><input type="checkbox"/> Clinical notes and discharge summaries</p> <p><input type="checkbox"/> Drug/Alcohol history or summary</p> <p><input type="checkbox"/> Payment or claims information</p> <p><input type="checkbox"/> Living situation and social supports</p> <p><input type="checkbox"/> Medication, dosages or supplies</p> <p><input type="checkbox"/> Lab results</p> <p><input type="checkbox"/> Other: _____</p>
<p>Special permission: Mental/Behavioral Health Services</p> <p><input type="checkbox"/> Include this information in the release</p> <p><input type="checkbox"/> I want to review my mental health/behavioral health record before release. I understand that the review will be supervised.</p> <p>Please note: Maine law allows us to share this information with other health care providers and health plans to coordinate your care (to help take care of you) so long as we make a reasonable effort to notify you of the release.</p>	<p>Special permission: HIV/AIDS Status/Test Results</p> <p><input type="checkbox"/> Include this information in the release</p> <p>Please note: Maine law requires us to tell you of possible effects of releasing HIV/AIDS information. For example, you may receive more complete care if you release this information, but you could experience discrimination if your data is misused. DHHS will protect your HIV data, and all your information, as the law requires.</p>

Are you asking DHHS to send or receive your information by EMAIL? Yes.

Although DHHS has privacy and security protections for my information, I understand that email and the internet have risks that DHHS cannot control. It is possible that my emailed information could be read by a third party. I ACCEPT THOSE RISKS and still ask DHHS to send my information by email. INITIAL HERE _____
--

Where should your information be sent by email? Please print the email address clearly:

What is the purpose of the release? Please check or write a response.

- To coordinate, assess, or manage my care For a legal matter, including to provide testimony
 A personal request To see if I qualify for benefits or insurance Other _____

Please print below the name and contact information of the provider(s) you wish the Department to obtain records from (including testimony) or provide records to:

Name _____ Address _____ City, State, Zip Code _____ Phone _____ Fax No. _____	Name _____ Address _____ City, State, Zip Code _____ Phone _____ Fax No. _____
--	--

I understand and agree that:

- “Information” may be in written, spoken and/or electronic format.
- This form will expire **one year** from the date below unless I revoke (take back) my permission sooner.
- To take back my permission, I will fill out the Revocation Form found at <http://www.maine.gov/dhhs/privacy/index.shtml> and send it to the office where I receive services. It will not apply to the information that DHHS already released with my permission.
- If I take back my permission or refuse to release some or all of my information, my choice could lead to an improper diagnosis or treatment, or denial of insurance coverage.
- I permit the people and/or offices listed on this form to speak to each other for the purpose(s) on this form.
- Health information from other providers (such as doctors, hospitals, and counselors) in my DHHS file is included in this release.
- Unless I am applying for benefits, DHHS will not base my treatment, payment for services, or benefits on whether I sign this form.
- DHHS offices will keep my information confidential as required by law. If I choose to share my information with others who are not required by law to keep it private, it may no longer be protected by federal confidentiality laws.
- If alcohol or drug treatment or program (substance use disorder) records are included in this release, DHHS will include a notice saying that such information may not be re-released or shared without my written permission.

I am signing this form voluntarily. I have the right to a signed copy of this form if I request one.

Date: _____ **Signature** _____

Personal Representative’s authority to sign: _____