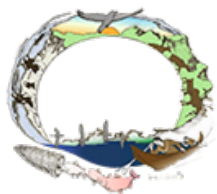


TCC Child Care Assistance Program Attendance Verification Form
This form is used for ALL Child Care Providers



**Tanana
Chiefs
Conference**

MONTH: _____ YEAR: _____

Provider Name/Facility Name: _____ Phone Number: _____

Email Address: _____

Licensed Center

Licensed Group Home

Licensed Home

Relative/Tribally Approved

Child's Name	AGE	Parent's Name	# of FULL DAYS	# of PART DAYS	# of SICK OR ABSENT	REG. FEE	OFFICE USE ONLY: \$TCC RATE - \$CO-PAY=TOTAL PAID	
1.								
2.								
3.								
4.								
5.								
6.								

Provider Signature: _____ Date: _____ Total number of pages submitted: _____

TCC Use Only - Total amount for this page: \$ _____

TCC Use Only - Total amount for multiple pages: \$ _____

TCC CHILD CARE ASSISTANCE PROGRAM
ATTENDANCE VERIFICATION FORM INSTRUCTIONS



1. Write in the month and year service was provided.
2. Write in the name of provider or facility's name.
3. Write in the child and parent's name. Please ensure the names match the authorization document.
4. Check the box indicating what type of provider or facility you are.
5. Enter each child's name and age you provide child care for. (I-Infant, T-Toddler, P-Preschool, S-School-Age)
6. Enter the number of days the child actually attended in the correct boxes:
Part Time Day is less than 5 hours
Full Time Day is 5 hours or more
7. Mark/check the box for registration fee (Will pay up to \$50 one time per calendar year during a month the child was in care)
8. Provider signs and dates.

PLEASE NOTE: Attendance Verification Forms will need to be submitted by the 5th of each month for services provided in the previous month. For example--services provided in the month of March will need to be reported to TCC Child Care Assistance Program by April 5 in order to get paid in a timely manner. The Attendance Verification Form must be submitted within 60 days from the month of service to receive payment. Only submit if you have an approval document for each child. By signing the Attendance Verification Form you certify that the information provided on this form for the period indicated are true and accurate. You understand that if you provide false information on or with this form it may result in a determination of an intentional program violation and, any money obtained as a result must be paid back to the Child Care Assistance Program and a penalty will be imposed up to and including disqualification from program participation.

Please return completed form by mail, email, fax or in person:

Tanana Chiefs Conference

Attn: Child Care Assistance Program

122 1st Ave. Suite 600

Fairbanks, AK 99701

Fax Number: (907)459-3914

Email: childcare@tananachiefs.org