



Department of Planning & Community & Economic Development
Economic & Community Development Division
Office of Community Services

Enis T. Ragland, Interim Supervisor

Madison Municipal Building, Room 225
215 Martin Luther King, Jr. Boulevard
Send U.S. Mail to: P.O. Box 2627
Madison, Wisconsin 53701
PH: 608 266 6520
TTY/Textnet: 866 704 2318
FAX: 608 261 9626
commserv@cityofmadison.com

Date

John Doe
Xxxx Flower Ln
Madison, WI 537

Dear Mr. Doe,

Congratulations on your enrollment in the City of Madison Child Care Assistance Program!
Enclosed is the Child Care Assistance Authorization form which indicates the care for which you are authorized funding, and the amount of funding the City will provide.

The amount listed as your family share, is the weekly amount you will need to pay directly to your provider. Based on the information reported, your family share will be \$40 per week effective June 15, 2009. Your weekly family share was calculated as follows:

Wages	\$548
Other	\$0
Less Insurance Premiums	<u>-\$10</u>
Total	\$538
Income Guidelines	<u>-\$498 (family of 2)</u>
Family Share	\$40

Since you have a family share, if you pay medical expenses not covered by insurance, please submit receipts for those payments. I will then adjust your family share. For example, if you have a family share of \$20 a week and submit a receipt for \$10 for a prescription, your family share will be \$10 for one week (\$20 less \$10). I will increase our payment to your childcare provider by \$10.

Again, please remember the Obligations of clients in our program. If your income, address, school schedule, or occupation changes at all, you are required to notify me of the change.

I'm pleased to welcome you as a new client, and look forward to working with you in the future. If you have any questions concerning our program, please call me at 267-4996.

Sincerely,

Varinia del Moral-Smith
Child Care Assistance Coordinator

CHILD CARE ASSISTANCE AUTHORIZATION

CITY OF MADISON
OFFICE OF COMMUNITY SERVICES
CHILD CARE SECTION

PO Box 2627
MADISON, WI 53701
267-4996

DATE: CHILD'S NUMBER: 11-011

CHILD'S NAME: DOE, JANE CHILD'S BIRTH DATE: 0 1/01/09

PARENT'S NAME: DOE, JOHN OCCUPATIONAL CODE: W

ADDRESS: XXXX FLOWER LN RATE CATEGORY: I
MADISON, WI 537

PROVIDER: NAME OF CENTER VENDOR NUMBER: 000000

THIS CHILD WILL BE AUTHORIZED TO RECEIVE CHILD CARE ASSISTANCE FOR:

	BEGINNING	FULL DAYS	HALF DAYS	BEFORE SCHOOL DAYS/WEEK	AFTER SCHOOL DAYS/WEEK	CITY SHARE	FAMILY SHARE
NEW CLIENT	06/15/09	4				\$250/wk	\$40/wk
CHANGE							
CHANGE							
CHANGE							

*MAXIMUM RATE

- ☐ DISCONTINUATION OF PRESENT TUITION AID
PAYMENT IS NOT AUTHORIZED AFTER:
- ☐ DISCONTINUATION OF TUITION AID
CHILD CARE ASSISTANCE CASE WILL CLOSE:
- ☐ DANE COUNTY CHILD CARE ASSISTANCE EFFECTIVE:

IF YOU FEEL THAT A DECISION REGARDING YOUR ELIGIBILITY OR ANY OTHER ASPECT OF YOUR ASSISTANCE HAS BEEN UNFAIR, YOU MAY APPEAL THAT DECISION. THE FIRST STEP IN THE APPEAL PROCESS IS TO ASK FOR AN ADMINISTRATIVE REVIEW OF THE DECISION BY THE COMMUNITY SERVICES SUPERVISOR WITHIN 30 DAYS OF YOUR NOTIFICATION OF THE DECISION. IF YOU DISAGREE WITH THE RESULT OF THE ADMINISTRATIVE REVIEW, YOU MAY APPEAL TO THE EARLY CHILDHOOD CARE AND EDUCATION BOARD BY FILING A WRITTEN STATEMENT OF YOUR APPEAL WITH THE CITY CLERK WITHIN 30 DAYS OF RECEIVING THE DECISION OF THE COMMUNITY SERVICES SUPERVISOR.

☒ OTHER: NEW CLIENT.

SUPERSEDES CHILD CARE ASSISTANCE TUITION AID AUTHORIZATION DATED: N/A.

WHITE CASE COPY GREEN CLIENT COPY CANARY PROVIDER COPY PINK BILLING COPY GOLDENROD ACCOUNTING COPY