



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

Program Director  
Program  
Address.  
Madison, WI 537

*Dear Program Director or Billing Specialist,*

Enclosed is the Child Care Assistance Authorization for *Name of Child*. *Name of Parent* is a new City of Madison Child Care Assistance client enrolled in your program.

I have also enclosed the "Fact Sheet" regarding the City of Madison Child Care Assistance Program. I encourage you to review the information to learn how the program functions.

You will also find the direct deposit authorization form (optional), the 2009 payment schedule and a copy of our maximum rate information.

If you have any questions regarding our program please feel free to call me at (608) 267-4996 or e-mail me directly at [vdelmoral@cityofmadison.com](mailto:vdelmoral@cityofmadison.com).

I look forward to working with you and thank you for working with this family.

Sincerely,

Varinia del Moral-Smith  
Child Care Assistance Coordinator

Enclosures

## 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  
MADISON, WI 537

RATE CATEGORY: I

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



City of Madison  
Office of Community Services  
P.O. Box 2627  
Madison, WI 53701-2627  
PH: 267-4996 FAX: 261-9626

## Child Care Assistance Invoice

DUE DATE:	7/17/2009
CHECKS MAILED:	7/24/2009
DIRECT DEPOSIT:	7/28/2009

Center Name

Address

Madison, WI 537

Vendor Number

Period 7

6/14/2009

7/11/2009

CHILD NO.	CHILD NAME	EXPLANATION
11-011	Doe, Jane	4wks @ \$250/wk

TOTAL \$ 1,000.00

### INSTRUCTIONS:

1. Correct any incorrect amounts on this invoice by crossing out the incorrect amount and writing in the correct amount.  
Enter an explanation for any changes.
2. Please adjust for no-school days (for school agers).
3. Keep one copy for your records.
4. You must notify our office of attendance issues or failure to use care for five (5) consecutive days.
5. You must notify our office of changes affecting child care assistance, which includes child no longer in care.
6. Mail, fax, or e-mail corrected signed invoice to:

OCS Attn Varinia del Moral-Smith  
PO Box 2627, Madison, WI 53701-2627

FAX: (608) 261-9626  
E-Mail: vdelmoral@cityofmadison.com

### NOTE:

FA (Family Adjustment) is a temporary reduction to the the family share. Family Adjustments will not be reflected on the child care assistance authorization. Your program must credit the family adjustment payment in the form of a temporarily lower family share. For further information refer to "Fact Sheet: City of Madison Child Care Assistance Program."

Signature: \_\_\_\_\_

Complete this section if you are a new provider with the City of Madison Child Care Assistance Program.

Program ITIN (Tax ID) Number: \_\_\_\_\_

OR

FCC Provider Social Security Number: \_\_\_\_\_

### OFFICE USE ONLY

GN01-54961-132000-00-0000000

Total Approved Payment: \_\_\_\_\_

OCS Authorizing Signature or Initials: \_\_\_\_\_



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**DATE:** December 23, 2008  
**TO:** City-Accredited Child Care Programs  
**FROM:** Bill Clingan, Community Development Director  
**RE:** City Child Care Assistance Rates

The Office of Community Services establishes its maximum childcare assistance rates based on rates charged by City accredited childcare programs. We have recently completed the annual survey. I wish to thank all of you for your response.

Effective 10/01/08, the City's maximum childcare assistance rates for families funded by the City Child Care Assistance Program are as follows:

<u>Child's Age Category</u>	<u>Full-Time</u>	<u>Half-Time</u>	<u>Full Day</u>	<u>Half Day</u>
Infant (age 0-2)	\$290	\$174	\$67	\$37
Infant/Toddler (age 2-3)	\$242	\$145	\$56	\$31
Preschool (over age 3)	\$232	\$139	\$53	\$29

  

	<u>Full-Time</u>	<u>Half-Time</u>	<u>Daily</u>
School Age	\$198	\$119	\$46
After School	\$88		\$20
Before School	\$48		\$11

There is possibility of additional funding for infants, toddlers and special needs children who need additional service. The Child Care Coordinator on a case-by-case basis shall approve this rate.

If you have questions regarding the maximum City of Madison childcare assistance rates, you may contact Varinia del Moral-Smith directly at (608) 267-4996 or [vdelmoral@cityofmadison.com](mailto:vdelmoral@cityofmadison.com).

Approved BC 12/22/08



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## 2009 City of Madison Child Care Assistance Payment Schedule

Billing Number	Billing Period	Invoice Mailed	Corrected Invoice Due	Checks Mailed	Direct Deposit
1	12/28/08 - 1/24/09	1/23/09	1/30/09	2/6/09	2/10/2009
2	1/25/09 - 2/21/09	2/20/09	2/27/09	3/6/09	3/10/2009
3	2/22/09 - 3/21/09	3/20/09	3/27/09	4/3/09	4/7/2009
4	3/22/09 - 4/18/09	4/17/09	4/24/09	5/1/09	5/5/2009
5	4/19/09 - 5/16/09	5/15/09	5/22/09	5/29/09	6/2/2009
6	5/17/09 - 6/13/09	6/12/09	6/19/09	6/26/09	6/30/2009
7	6/14/09 - 7/11/09	7/10/09	7/17/09	7/24/09	7/28/2009
8	7/12/09 - 8/8/09	8/7/09	8/14/09	8/21/09	8/25/2009
9	8/9/09 - 9/5/09	9/4/09	9/11/09	9/18/09	9/22/2009
10	9/6/09 - 10/3/09	10/2/09	10/9/09	10/16/09	10/20/2009
11	10/4/09 - 10/31/09	10/30/09	11/6/09	11/13/09	11/17/2009
12	11/1/09 - 11/28/09	11/27/09	12/4/09	12/11/09	12/15/2009
13	11/29/09 - 12/26/09	12/25/09	1/1/10	1/8/10	1/12/2010