

Child Care Exception Payment Program Timesheet

Provider's Name: _____ E-mail: _____ Month: _____

Address where care occurs: _____ Year: _____

List all foster children who received same hours of care this month; provide a separate timesheet for each child if different hours of care received this month or if more children involved.

Child #1's Name: _____	Hourly Rate: _____	For DCF Use
Child #2's Name: _____	Hourly Rate: _____	
Child #3's Name: _____	Hourly Rate: _____	
Child #4's Name: _____	Hourly Rate: _____	

Foster Caregiver needing childcare: Childcare During Daytime Respite

DATE	AM		PM		(Full & Quarter Hours Only) # HOURS	NOTES
	TIME IN	TIME OUT	TIME IN	TIME OUT		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Total Hours:						

Provider's Signature: _____ KDHE Lic#: _____ *By signing this timesheet you agree to the accuracy of the hours listed.*

Foster Parent's Signature: _____