**Case Managers**: Use this form to request a reimbursement for out-of-pocket expenses a foster caregiver incurred. Include receipts (cashed checks, credit card statement, screen print from payment app, a statement/invoice from the childcare provider, etc.) to support the request.

Submit to: [DCF.FCCCEBTexception@ks.gov](mailto:DCF.FCCCEBTexception@ks.gov)

|  |  |
| --- | --- |
| CASE MANAGER INFORMATION  By completing this section you agree that this request is valid and accurate to the best of your knowledge. | |
| Case Manager’s Name: |  |
| Case Manager’s Agency: |  |
| Today’s Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| REQUEST IS FOR…  If more than one child involved, separate names and dates of birth with a hard return.  If different childcare providers are involved, complete a separate request form for each childcare provider. | | | |
| Child’s Name: |  | DOB: |  |
| Foster Caregiver’s Name: |  | | |
| Foster Caregiver’s e-mail: |  | | |
| Daycare’s Name: |  | | |

|  |  |
| --- | --- |
| REQUEST AMOUNT  This is the first request for this foster caregiver. The CCEP program will e-mail the foster caregiver a W-9 and DA-130 form to get them set up in SMART, the State’s accounting system so payment can be made to them. | |
| Total Amt this Request: |  |
| Dates of Service Involved: |  |