

Child Care Exception Payment Program
Request for Out-of-Pocket
Reimbursement

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.FCCCEBException@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:	