

CCEP Program Child Care Provider Agreement

The Child Care Exception Payment (CCEP) Program is a supplement to Foster Care Child Care (FCCC) funding. FCCC funding must be used first where applicable.

Child Care Providers: You must sign this form to be eligible for payment through the CCEP program.

To KDHE-licensed childcare providers in Kansas: You can get your established rates from the CCEP program by becoming a DCF enrolled provider (call 1-888-369-4777 to get enrolled). All enrolled providers will be paid first by the EBT card offered through FCCC and then any remaining amount due is covered by invoicing the foster parent with whom you've contracted. The foster parent will then request payment to you through CCEP.

Any KDHE-licensed childcare provider who is not a DCF-enrolled provider will only receive from CCEP the DCF established rates listed below.

It BENEFITS YOU to become a DCF ENROLLED PROVIDER.

To non-DCF-enrolled childcare providers: You are a non-DCF-enrolled childcare provider if you are not licensed through KDHE, are licensed through KDHE but are not DCF enrolled, or are an individual providing care in the foster caregiver's home. By signing this form you agree to the following CCEP program rules:

- charge by the hour; and,
- be paid the rate of:
 - up to \$3.00/hr per child in foster care; or,
 - up to \$6.00/hr per child in foster care (enhanced rate) if child's level of care is FFH-B3 or higher and prior approval has been received; or,
 - A set hourly amount approved by the Foster Care Program Manager based on the needs of the child; and,
 - A maximum of \$20/hr is paid when multiple children placed together are being watched at the same time; and,
- only be paid for days worked; and,
- only be paid when the foster parent is not present or is sleeping due to night shift work schedule, up to 10 hours per day; and
- use the CCEP Timesheet to keep track of the days/times you provide care; and,
- submit signed (signed by yourself and the foster parent) timesheets upon completion of a month to DCF.FCCCEBTextception@ks.gov.

To All: To be paid through the CCEP program you agree to:

1. be considered a contractor of DCF and not an employee which means any payment made to you through the CCEP program is reportable to the IRS as income and **you** are responsible for all income tax withholdings, and your payment is subject to debt set-off by the State of Kansas; and,
2. submit a W-9 form so we can get you set up for payments in SMART, the State's accounting system; and,
3. submit a DA-130 form plus voided check or letter from your bank listing your bank's routing number and your account number so we can get you set up for direct deposit; and,
4. allow 30 days to receive payment after submitting an invoice or timesheet to DCF.

Submit W-9, DA-130 plus attachments, and this signed document to: DCF.FCCCEBTextception@ks.gov .

Printed Name of Childcare Provider: _____

E-mail of Childcare Provider: _____

Are you a DCF Enrolled Childcare Provider? YES NO

Signature of Childcare Provider: _____ Date: _____