**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.FCCCEBTexceptions@ks.gov

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| CASE MANAGER INFORMATIONBy 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: |       |

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| 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: |       |

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| 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: |       |