

Child Care Provider Incentive Opt-out Form



I **DO NOT** want to receive the monthly incentive payment.

By marking this box, you agree that you will not receive an incentive payment if you are eligible. If you decide to receive incentive payments in the future, you will need to call the Direct Pay Unit at 1-800-699-9074 to participate.

*Provider signature: _____

*Date: _____

*Provider name (print): _____

*DHS provider number: _____

Please return the detached portion to:

Direct Pay Unit
P.O. Box 14850
Salem, OR 97301

** Required for the form to be valid.*