

# Request for Incentive Payment for Alternative and Weekend Child Care Hours



<b>Provider name:</b>	<b>Provider number:</b>
<b>Type of care provided:</b> (Mark all that apply)	<input type="checkbox"/> Alternative — hours after 7 p.m. and before 6 a.m. <input type="checkbox"/> Weekend — Saturday or Sunday

Month of care, 2019 only (Submit one form per month)				
<input type="checkbox"/> January	<input type="checkbox"/> February	<input type="checkbox"/> March	<input type="checkbox"/> April	<input type="checkbox"/> May
<input type="checkbox"/> June	<input type="checkbox"/> July	<input type="checkbox"/> August	<input type="checkbox"/> September	

**Qualifying child:** The child must receive DHS Child Care Billing (CCB) from the Employment Related Day Care (ERDC) program and be in alternative or weekend care for at least 20 hours during the month.

**Incentive payments:** \$250 for a child in alternative or weekend care at least 20 hours per month and increases to \$500 if the child was in care at least 40 hours per month.

**Attendance logs:** Providers must keep attendance logs with check-in and -out times for a minimum of 12 months.

**Payment reviews:** Random payment reviews are completed each month. If your payment is reviewed, you will receive a request for a copy of your attendance logs. Attendance logs should match the hours and times you have submitted for billing.

Qualifying child information and billing				
DHS case number	Child name (last, first)	Child DOB (mm/dd/yyyy)	Number of alternative or weekend hours	
			20 hours	40 hours
<i>Example: AA1234</i>	<i>Last name, first name</i>	<i>12/01/2010</i>	<input type="checkbox"/> \$250	<input checked="" type="checkbox"/> \$500
			<input type="checkbox"/> \$250	<input type="checkbox"/> \$500
			<input type="checkbox"/> \$250	<input type="checkbox"/> \$500
			<input type="checkbox"/> \$250	<input type="checkbox"/> \$500
			<input type="checkbox"/> \$250	<input type="checkbox"/> \$500
			<input type="checkbox"/> \$250	<input type="checkbox"/> \$500

*Attach a separate sheet for additional qualifying children.*

Alternative and weekend hour incentive payments have limited funding. Once the funding is gone, no additional payments will be issued. Incentives are for care provided January 2019 to September 2019. Requests for incentive payments must be received by DPU no later than October 15, 2019. For questions call 1-800-699-9074. Send requests to: Direct Pay Unit, P.O. Box 14850, Salem, OR. 97309-0850, email to: [DPU.ProviderIncentive@dhsosha.state.or.us](mailto:DPU.ProviderIncentive@dhsosha.state.or.us) or fax (503) 378-5957.

**Provider signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>DPU use only</b>	Date received:	Payment amount: \$	Date processed:	Worker ID:
---------------------	----------------	-----------------------	-----------------	------------