

ATTENDANCE AND CHILD CARE BILLING INSTRUCTIONS

Instructions: The "Attendance and Child Care Billing" (SC 1755) is used by CalWORKs Employment Services (CWES) clients for reporting attendance in all CWES activities, including employment. If you have child care approved by CWES, complete **SIDE A** and have your child care provider complete **SIDE B**. If CWES is not paying for your child care, complete **SIDE A** only.

SIDE A - CWES CLIENT COMPLETES THIS SIDE:

- Section 1. You must complete all sections on SIDE A.

- Section 2. Fill in your name, current address, Social Security Number, home phone number, cell phone number, and work phone number.

- Section 3. If you have had changes in employment, address, or other changes since your last report, check the box that applies. In the space provided, briefly describe the change; *for example: "I stopped working 7/10/07."*

- Section 4. List the number of hours/minutes it takes you each day to go to and from your home/child care provider and where you work and/or CWES approved activity. How long is your lunch break?

- Section 5. Enter the month and year of attendance. Record hours of participation/attendance for all CWES activities or employment. Enter your activity/work schedule and the total hours for each day of the week. Do not include your travel time or lunch time in the total hours. Enter "0" on days you did not attend, such as weekends, holidays, sick days, etc. Enter the Total Monthly Hours for each activity. Indicate the reason for absence in the space provided. You may be required to provide verification for absences such as illness or court appointments.

Example: Mary attends classes Monday through Friday from 8:00 a.m. to 12:00 noon and works part-time Monday through Friday from 1:00 p.m. to 4:00 p.m. She does not attend classes or works on weekends. In this example, the client is reporting for the month of July 2007. The number in the Day column indicates the date; in this example, the number 1 in the Day column indicates July 1.

A: Adult Education Classes (Activity One/Employment)			B: Employment (Activity Two/Employment)					
Day	Work/Activity Schedule	Total Hours	Day	Work/Activity Schedule	Total Hours	Day	Work/Activity Schedule	Total Hours
1 A	8:00 to 12:00	4	12 A	8:00 to 12:00	4	22 A	8:00 to 12:00	4
B	1:00 to 4:00	3	B	1:00 to 4:00	3	B	1:00 to 4:00	3
2 A	8:00 to 12:00	4	13 A	8:00 to 12:00	4	23 A	8:00 to 12:00	4
B	1:00 to 4:00	3	B	1:00 to 4:00	3	B	1:00 to 4:00	3
3 A	----- to -----	0	14 A	----- to -----	0	24 A	----- to -----	0
B	----- to -----	0	B	----- to -----	0	B	----- to -----	0
4 A	----- to -----	0	15 A	----- to -----	0	25 A	----- to -----	0
B	----- to -----	0	B	----- to -----	0	B	----- to -----	0
5 A	8:00 to 12:00	4	16 A	8:00 to 12:00	4	26 A	8:00 to 12:00	4
B	1:00 to 4:00	3	B	1:00 to 4:00	3	B	1:00 to 4:00	3
6 A	8:00 to 12:00	4	17 A	8:00 to 12:00	4	27 A	8:00 to 12:00	4
B	1:00 to 4:00	3	B	1:00 to 4:00	3	B	1:00 to 4:00	3
7 A	8:00 to 12:00	4	18 A	8:00 to 12:00	4	28 A	8:00 to 12:00	4
B	1:00 to 4:00	3	B	1:00 to 4:00	3	B	1:00 to 4:00	3
8 A	8:00 to 12:00	4	19 A	8:00 to 12:00	4	29 A	8:00 to 12:00	4
B	1:00 to 4:00	3	B	1:00 to 4:00	3	B	1:00 to 4:00	3
9 A	8:00 to 12:00	4	20 A	8:00 to 12:00	4	30 A	8:00 to 12:00	4
B	1:00 to 4:00	3	B	1:00 to 4:00	3	B	1:00 to 4:00	3
10 A	----- to -----	0	21 A	8:00 to 12:00	0	31 A	----- to -----	0
B	----- to -----	0	B	1:00 to 4:00	0	B	----- to -----	0
11 A	----- to -----	0	TOTAL MONTHLY HOURS: A. 84 B. 63					
B	----- to -----	0	Reason for Absences: I was sick on 7/14/07.					

- Certification Read the Certification, then sign and date. If CWES is helping you with child care, have your child care provider fill out the back side (SIDE B).

- Provider Sign-Off Ask the representative at your school, training, Community College, Community Service site, Work Experience site, or Employment Connection to sign the "Provider Sign-Off" section.

- Returning the Billing Form Return the "Attendance and Child Care Billing" (SC 1755) form to your CWES worker by the **5th day of the month**. Incomplete and inaccurate forms will be returned to you for correction. If child care was provided in July the SC 1755 must be received by your CWES worker by the 5th day in August.

- Payment SC 1755 forms that are completed correctly, accurately, and received by the 5th day of the month will be processed in the order received. Child care payment is made directly to the provider.

SIDE B - CHILD CARE PROVIDER COMPLETES THIS SIDE:

- Section 1. Enter your name, address, telephone number, and Social Security Number or employer identification number.
- Section 2. If you have a child care license, check the box marked "Licensed" and enter your license number. If you are not required to be licensed, check the box marked "License-Exempt."
- Section 3. Indicate where child care is provided.
- Section 4. Enter the month and year this billing covers. If there is a registration fee, enter that amount. The registration fee, when included with the child care cost, cannot exceed the Regional Market Rate. If child care is paid at the maximum Regional Market Rate, CWES will not pay the fee.
- Section 5. Enter the child's name and school hours. If school hours do not apply, check the box "Child not in school."
- Section 6. Enter the amount (rate) you charge and the rate category. Refer to the "Child Care Provider's Guide to CalWORKs Child Care" for the definition of the rate categories.
- Section 7. Enter the numbers of hours, days, weeks or month.
- Section 8. Multiply the rate in Section 6 by the number of hours, days, weeks, or month in Section 7 and enter the total in Section 8.

Providers are reimbursed in accordance with the following rate categories, up to the Regional Market Rate ceiling for each category:

Rate Category	Use when certified need for child care is . . .
Hourly	15 hours or less per week AND 6 hours per day.
Daily	Three days or less per week AND more than 5 hours per day.
Weekly Part-Time	16 to 30 hours per week AND the need occurs at least three days per week.
Weekly Full-Time	More than 30 hours per week.
Monthly Part-Time	16 to 30 hours per week AND the need occurs in every week of the month.
Monthly Full-Time	More than 30 hours per week AND the need occurs every week of the month.
NOTE: The provider's rate must correspond to the certified need of the family.	

Certification Read the Certification, then sign, date, and return the form to the **parent**.