

PARENT PARTICIPATION AGREEMENT

Initial each statement

- _____ 1. I have been informed of my child care options and I am using the child care setting of my choice. The provider is not an employee of Plumas Rural Services, Inc.
- _____ 2. CCPP (Child Care Payment Program) will reimburse up to the Regional Market Rate. It is my responsibility to pay the co-payment to my provider according to the provider's payment policies.
- _____ 3. The signed Certificate **MUST** be returned completed, to ensure reimbursement to my child care provider. Child care may be reimbursed up to the Certificate value. I must contact the CCPP office if additional hours are needed. Additional time may be approved pending funding availability.
- _____ 4. It is my responsibility to enter actual times in and out on the Attendance sheet for days I use child care. The child care provider must submit the Attendance sheets by the 5th of each month following service to ensure reimbursement and continued participation of the child care provider.
- _____ 5. **I must pay my Family Fee to my child care provider, if applicable, according to the child care provider's payment policies. Failure to pay the Family Fee may result in termination from the Child Care Payment Program.**
- _____ 6. If I am Actively Seeking Employment, I am eligible for not less than 12 months of child care. I understand my child care is not to exceed 29.75 hours per week, Monday through Friday. When Actively Seeking Employment expires, I must have an eligible need and supporting documents to remain enrolled in the program. I will notify CCPP if there are changes to report during Seek Work.
- _____ 7. I must recertify my eligibility once per year. If my monthly income exceeds the 85% of the State Median Income for my family size, I must report this change within 30 days. Failure to report this change may result in immediate termination. I will have to repay any child care costs that I was not eligible for.
- _____ 8. I must notify CCPP if there is an increase need for child care hours/days. I **MUST** provide documentation to support my need for an increase in child care use. Failure to notify CCPP will result in non-payment for the excess child care used.
- _____ 9. I must notify my child care provider of any absences when illness, vacation, custody, etc..., will change my child care schedule. Excessive absences may result in my child care need becoming a variable schedule (Drop-In) the following month.
- _____ 10. The child care provider I am using must not use any form of corporal punishment.
- _____ 11. Any fraudulent, false or misleading documentation may result in termination and recovery of funds for child care. I agree to reimburse Plumas Rural Services for any over payment made by error or misrepresentation.
- _____ 12. Plumas Rural Services assumes no responsibility for any injury or damage resulting from the provision of care and I agree to hold Plumas Rural Services, Inc harmless from costs or liability arising from the provision of these services. Plumas Rural Services, Inc has not inspected my child care providers' home or warranted the condition of the facility or the degree or type of supervision provided.
- _____ 13. I must notify CCPP of changes in my address or phone number.

I have been informed of the program policies. I have read, understand and initialed the above statements.

Parent/Guardian Signature: _____

Date: _____

CCPP Staff Signature: _____

Date: _____