



# Monthly Dependent Care Charges: Child Care Provider Form

## Use this form to report charges for Child Care

### Complete one form per child

- Parents:** Complete part A  
**Providers:** Complete parts B-D
- Sign and send the completed form to the Department

## Contact the Department

**Mail:** P.O. Box 83720, Boise, ID 83720-0026  
**Phone:** 1-877-456-1233  
**Fax:** 1-866-434-8278  
**Email:** MyBenefits@dhw.idaho.gov

### Part A: Parent information

First name	Middle name	Last name	Case number or Social Security number
Parent address		City	State Zip code
Phone number	Phone type (choose one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Email address	

### Part B: Provider information *Provider must be registered with IdahoSTARS to be eligible for payment*

Provider first name	Provider last name	Business name	Vendor number v
Provider address		City	State Zip code Phone number

### Part C: Tell us about the child receiving care

First name	Last name	Date of Birth
Is the owner or any employee related to this child? <input type="checkbox"/> No <input type="checkbox"/> Yes		
If yes, check all that apply:		
<input type="checkbox"/> Is the owner of the facility the parent or legal guardian?		
<input type="checkbox"/> Is the child's direct care being provided by a parent or legal guardian?		

*Proceed to Part D. This form is invalid without care charge information.*

### Part D: Tell us about the charges for this child

What kind of charges are you submitting? (Choose one)	Cost of one-time registration fee (Only one registration fee per child, per provider, is allowed)	
<input type="checkbox"/> 1. New enrollment Effective date: _____	\$ _____	
<input type="checkbox"/> 2. Change to current enrollment Effective date: _____		
<input type="checkbox"/> 3. Child(ren) no longer enrolled Effective date: _____		
Month of care		
Monthly cost (per child) \$	Total hours per month	Are these full or partial month charges? (Choose one) <input type="checkbox"/> Full <input type="checkbox"/> Partial
Month of care		
Monthly cost (per child) \$	Total hours per month	Are these full or partial month charges? (Choose one) <input type="checkbox"/> Full <input type="checkbox"/> Partial

### Signature

Charges must be agreed upon by both parties. **Final charges** may be submitted with only the provider's signature.

Provider printed name	Provider signature	Date
Parent printed name	Parent signature	Date