

## HOW TO COMPLETE A PROVIDER PAYMENT REQUEST (PPR)

### Family Information

- ❶ The PPR is only good for the service month indicated.
- ❷ The PPR should only be used for child care hours provided for this child.
- ❸ Authorization Period: If authorization period begins or ends within the service month, only complete that portion on the PPR. You may receive more than one PPR per month per child due to authorization periods. *Changes can occur during authorization period. Please refer to your most current Provider Notification (ST1-06).*

Family Information			
Parent Name: Jane Parent	❶	Month/Year of Service: April 2008	
Child's Name: John Child	❷	Case #: QVC1234	
DOB: 7/1/2002		Child/Family ID #: 160007 / 146373	
Current Authorization Period Start Date: 4/15/2008		End Date: 4/15/2009	❸
Authorized Rate For The Child			
Type of Care: Child Care Center			
School Regular Rate (6AM to 6PM): \$125.00- Weekly		Vacation Regular Rate (6AM to 6PM): \$135.00- Weekly	

### Providers

- A. Weeks and Dates for the Service Month are pre-printed on the PPR.
- B. For each week enter the total number of care hours provided M-F from 6am – 6pm and the total number of days of care within that week.
- C. For each week enter the total number of care hours provided M-F from 6pm – 6am and the total number of days of care within that week.
- D. Hours of care provided on Saturday or Sunday are to be reported in separate columns.
- E. Provider needs to enter payment amount he/she is billing for each week.  
*If monthly rate is being billed, just enter monthly rate in the total box (F).*
- F. Enter the total amount being billed for the month. *Double check your math prior to submission to avoid PPR from being returned.*

A

B

C

D

E

Weekly Schedule Sunday/Sat. April 2008	NUMBER OF CHILD CARE HOURS AND DAYS PROVIDED						Office Use Only	
	Daytime Hours 6:00AM to 6:00PM Weekdays		Evening Hours 6:01PM to 5:59AM Weekdays		Saturday	Sunday		Amount Provider is Claiming
	Hours	Days	Hours	Days	Hours	Hours		
Week One Tues.1 - Sat.5							\$	\$
Week Two Sun.6 - Sat.12							\$	\$
Week Three Sun.13 - Sat.19							\$	\$
Week Four Sun.20 - Sat.26							\$	\$
Week Five Sun.27 - Wed.30							\$	\$
<b>TOTAL: \$</b>							\$	\$

F

**Parent and Provider Signatures:** At the end of the month, the eligible parent must sign and date the bottom of the PPR. Provider must also sign and date the bottom of the PPR. Signatures at the bottom certify that the information recorded is correct.

I declare under penalty of perjury that this information is true and correct, and that the child care was provided for the purpose for which child care was certified. I understand that I may be prosecuted for fraud and required to repay any overpayment resulting from false or incorrect information provided herein. I understand that over billing on this report can lead to legal action resulting in penalties of a fine, imprisonment or both. Any overpayment is subject to recovery by the agency. I certify under penalty of perjury that payment requested is only for child care services.	
Parent Signature: _____	Date: _____
Provider Signature: _____	Date: _____
PLEASE RETURN THE COMPLETED INVOICE TO THE AGENCY LISTED ABOVE	
OFFICE USE ONLY	

## REMINDERS

**Monthly Variable Schedule Calendar (MVSC/ST1-21):** Parents who are on a variable schedule need to complete an MVSC and give it to the provider to attach it to the PPR. *(Payment cannot be processed if the MVSC is missing or is incomplete.)*

**Missing PPR:** If you do not receive a PPR by the first week of the month, please contact Provider Payments *Stage 1* at 818-717-1000 ext. 4717.

**Pencil:** PPRs should not be completed with pencil. *Only use blue or black ink.*

**Mistakes/Corrections:** Do not use correction fluid/tape. If you make a mistake, neatly cross out the mistake with a single line. **Initials of parent and provider are required for all corrections.**

**Possession:** PPRs must remain in the possession of the provider at all times.

**Submission:** PPR should be submitted after the end of the care month, unless the authorized period ends during the month.

**Payments:** Payments will be electronically transferred within ten (10) business days **after** we receive your properly completed PPR. Payment should appear within 24 hours of that date, check your card/bank for availability of funds. Payments are not issued the last three (3) business days of the month.

# Example ONLY

Example for hours of care

Hours Provided in Week 4		
Days	Hours of Care	Total hours per day
Sun	9:00am - 3:00pm	6
Mon	5:00am - 7:00pm	14
Tue	3:00pm - 7:00pm	4
Wed	2:30pm - 10:00pm	7.5
Thu		
Fri	9:00am - 6:00pm	9
Sat	5:00 am - 7:00pm	14

Example of how to calculate total hours for the week

Calculations for each column									
Daytime Hours			Evening Hours Mon - Fri			Saturday	Sunday		
Mon - Fri	6am - 6pm	Total	before 6am	after 6pm	Total				
									6
6:00am - 8:00pm		12	5am - 6am	6pm - 7pm	2				
3:00pm - 6:00pm		3		6pm - 7pm	1				
2:30pm - 6:00pm		3.5		6pm - 10pm	4				
9:00am - 6:00pm		9							14
Total Daytime Hours		27.50	Total Evening Hours			7	14	6	
Total # of days		4	Total # of days			3	Saturday Hours	Sunday Hours	

This is an example of how to complete the PPR

Weekly Schedule Sunday/Sat. April 2008	NUMBER OF CHILD CARE HOURS AND DAYS PROVIDED						Amount Provider is Claiming	Office Use Only
	Daytime Hours 6:00AM to 6:00PM Weekdays		Evening Hours 6:01PM to 5:59AM Weekdays		Saturday	Sunday		
	Hours	Days	Hours	Days	Hours	Hours		
Week One Tues.1 - Sat.5							\$	\$
Week Two Sun.6 - Sat.12							\$	\$
Week Three Sun.13 - Sat.19							\$	\$
<b>Week Four Sun.20 - Sat.26</b>	27.50	4	7	3	14	6	\$ XXX.XX	\$
Week Five Sun.27 - Wed.30							\$	\$
	<b>TOTAL:</b>						\$ XXX.XX	\$

1. REPORT ANY CHANGES TO YOUR AGENCY LISTED ABOVE.  
2. PROVIDER MUST NOTIFY AGENCY WHEN CHILD IS ABSENT FIVE CONSECUTIVE DAYS.