



Cuyahoga County Division of Children and Family Services
3955 Euclid Avenue, Cleveland, Ohio 44115
(216) 431-4500
24-Hour Children's Hotline 696-KIDS (5437)
Ohio Relay Service (TTY) 711

FOSTER HOME DAYCARE INVOICE

PROVIDER INFORMATION:

Name: Love Our Kids Day Care

Address: 1234 Main St. City: Cleveland State/Zip: OH/44120

License or SSN: 00000000 Phone #: (216) 555-2340

Caregiver Name: Mary Smith (relative or kin) Address 567 Euclid Ave.

Resource Manager: Tom Bow (social worker) Supervisor: Lisa Way (social worker supervisor)

CHILD INFORMATION:

Child's Name: Jane Doe DOB: 07/06/12

Service Period : 01/01/16 to 01/31/16

Service Period
billed on a
monthly basis

Daily Rate: \$ 33.68 # of Days of Service: 20

Foster Parent Co-Pay: \$ 0 County Payment Request: \$ 673.60

Please circle one: Full time (5 days a week) Part time (3 days a week)

**Day Care Provider must submit published rates with invoice.

Transportation cost can be covered but must be
billed as part of the daily rate charged to CCDCFS
not to exceed the maximum daily rate allowed for
that aged child.

**I DO CERTIFY THAT THE CHILD IN MY CUSTODY WAS SERVED BY THE PROVIDER AS
IDENTIFIED ABOVE.**

Caretaker Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Please forward invoice to: **Cuyahoga County Division of Children and Family Services**
ATTN: Payment Processing Dept., RM 347E
3955 Euclid Avenue, Room 347 East
Cleveland, OH 44115
Fax# (216) 420-0553

County Use Only

Approved by: _____ Amount: \$ _____

Date: _____