



Bristol Bay Native Association  
 Child Care Development Funding (CCDF)  
 P.O. Box 310, Dillingham, AK 99576  
 Phone: 907-842-4059 or 1-800-478-4059  
 Fax: 1-833-222-8149  
 Email: CDDadmin@bbna.com

**Bi-Weekly Provider Request for Payment**

Child's Full Name: \_\_\_\_\_

Parent/Client Full Name: \_\_\_\_\_

**(NOTE): Requests are due on Monday by noon. Checks will be available on Friday by noon.**

**This Request is to be completed by the BBNA CCDF Child Care Provider:**

**Provider's Business Name:** \_\_\_\_\_

**or Provider's Full Name:** \_\_\_\_\_

**Dates of Care From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Provider: Write the number of hours the child was in your care, under the appropriate day.**

DATE:	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total Hours
<b>HOURS WORKED</b>								

DATE:	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Total Hours
<b>HOURS WORKED</b>								

As a BBNA approved Child Care Provider with BBNA Child Care Development Funding, I certify that the listed hours of care for the child listed above are true and accurate. By signing this request of payment, I am certifying that I have provided care for the child named above, during the days/hours listed. I understand that providing inaccurate information is **FRAUD**.

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

I agree with the information provided by the childcare provider and would like BBNA CCDF to pay for the days listed above.

Parent/CCDF Client Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only:</b>	0-12 Months old \$7.00/hour \$70 Full day/ \$35 Half Day	13-48 Months old \$6.50/hour \$65 Full day/ \$32.50 Half Day	4-12 Years old \$6.00/hour \$60 Full day/ \$30 Half Day
<b>Approved Relative Hours</b> _____	<b>= Rate of Pay:</b> _____/hour <b>Amount Due Provider: \$</b> _____		
<b>Approved Lic. Provider: Rate Full \$</b> _____	<b>* _____ days=</b> _____		<b>Rate Half \$</b> _____ <b>* _____ days=</b> _____
<b>Amount Due Provider: \$</b> _____			
<b>BBNA CCDF Will Pay:</b> _____ % = \$ _____	<b>Parent Co-Pay:</b> _____ % = \$ _____		
<b>UNAPPROVED HOURS:</b> _____	<b>= Rate of Pay</b> _____/Hours		<b>Total Parent Owes \$</b> _____

**Date Received By BBNA CCDF**