

**PAYMENT REQUEST FORM
STAR LICENSE ENHANCEMENT PROGRAM
2018-2019**



Contractor Name (Facility): _____
 Federal Tax Identification Number/Social Security Number: _____
 Star Rated License Level: _____
 Is this an increase or decrease in your star license level? YES _____ NO _____
 If yes please enter the effective date of change. _____
 Request for the month of: _____
 Month & Year

Please include below the number of children you are requesting reimbursement for:

		Completed by SSR Staff Only (actual # paid x amount) (ex: 5 x \$80 = \$400)
Number of Full time TANF/CCDF eligible children		
Number of ½ time TANF/CCDF eligible children		
Number of Wrap-Around TANF/CCDF eligible children		
Total number of TANF/CCDF children (This should match your DSS Turn Around Report)		Total Due: \$

Staff Only

Certification for Purchase of Service Contract	
As Director/Owner of the contracting organization, I hereby certify that the units billed to the Lead Agency (Smart Start Rowan) on this payment request form have been delivered in accordance with the conditions of the contract, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payments under this contract. I affirm that our organization does not appear on the State SOFL or Federal EPLS listings.	
X	
(Sign above) Director/Owner	(Date)

Instructions: Header – Enter the Contractor Name, federal tax identification number/social security number, star rating and indicate if any changes, month/year service was rendered.

Number of Children: Enter the number of TANF/CCDF eligible children that you are requesting reimbursement for. Enter the number of children in the appropriate category (Full time care, ½ time care and Wrap Around Care). Add each of the categories to get a total number of children. This should match the number of children on your DSS Turn Around report.

Signatures: Obtain signature of the legal representative who is authorized to sign contracts for your child care program.

Submission: Submit to Smart Start Rowan with a copy of your DSS Turn Around report and any vouchers/action notices/parent information forms as needed to make payment.

TO BE COMPLETED BY SMART START ROWAN ONLY:	
Signature: _____	Date received: _____
Date	