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|  | **CHILDREN’S DIVISION** **CHILD CARE PROVIDER CLAIMS COVER SHEET** |
| ***This cover sheet is to be used by Child Care Provider Relations Unit (CCPRU) staff to document child care provider claims. This cover sheet must be placed in the provider’s file with all supporting documentation.*** |
| **Child Care Provider Name**      | **DVN**      |
| **Child Care Provider Address**      | **Provider County**      |
| **City**      | **STATE**       | **Zip Code**      |
| **Referral Source**      | **Cause**      | **Overpayment Total Amount**      |
| **Claim Period** |
| **Begin Date (Month Year)**      /      | **End Date (month/year)**      /      |
| **Fund Code** | **Amount Overpaid** | **Service****Month/Year** | **Child DCN** | **Child Name** |
|       |       |      /     |       |       |
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| **Provider Referred to SOT?** [ ]  YES [ ]  NO  | **Provider Referred to Attendance and Payment Accuracy Training?**[ ]  YES [ ]  NO |
| **Provider Referred to WIU?**[ ]  YES [ ]  NO | **Provider Reviewed By CCRT?**[ ]  YES [ ]  NO |
| **COMMENT:**       |
| **CCPRU Supervisor Signature** | **Approval Date**      |
| **Assigned CCPRU Staff**      |
| **Date of Discovery**      | **Data Entry Date**      | **Data Entry Person**      |

CD-171 (08/12)