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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)