

MISSOURI DEPARTMENT OF SOCIAL SERVICES

CHILDREN’S DIVISION

**PROTECTIVE SERVICES CHILD CARE SUBSIDY WAIVER INVOICE**

**Purpose:**

Invoicing of child care services funded through the Protective Services Child Care Subsidy waiver. To be completed and submitted each month the child receives child care through an approved waiver. Return to the Children’s Division/FCCM worker for processing. Reimbursement of expenses will be made to the Placement Provider, Adoptive Parent, Guardian or CYAC youth parent when an authorized Protective Services Child Care Subsidy Waiver is in place. Complete a separate invoice for each child receiving child care.

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| **Service Period:**  | **From:** |       | **To:** |       | **Waiver Authorization Period:**  | **From:** |       | **To:** |       |

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| **Party to be Reimbursed:** |
| **Placement Provider, Adoptive Parent, Guardian, CYAC parent:**  |  | **DVN:** |  |
| **Child receiving care:**  |       | **DCN:** |       |

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| **Child Care Provider Information:** |
| **Name:** |       | **DVN:** |       |
| **Child care business name:**  |       |
| **Address:** |       | **Phone:** |       |

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| **Child Care Provided:** |
| **Date:** | **From (time):** | **To (time):** | **Total hours:** | **Total cost for this time period:** | **Parent/Resource Provider****must initial each day child care was provided.** |
|       |       |       |       | $      |  |
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|  | **TOTAL HOURS:** | **TOTAL COST:** |  |
|  |  | **$** |  |
| **Total paid by Parent/Resource Provider** **for this service period:** | **$** | Child care provider initial here: |

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| **Comments:** |
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| I certify that the days and hours of care listed above were provided to the above-named child. I certify that the amount paid to the child care provider for child care services for the above-named child is accurate. |
|  |  |
| Child Care Provider Signature | Date |
|  |  |
| Parent/Resource Provider Signature | Date |

If you are a Veteran in the state of Missouri and are interested in learning more about benefits and resources available to you and your dependents, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DSS>.