

**PROVIDER / CLIENT RATE DIFFERENTIAL WORKSHEET for CENTERS  
(EXAMPLE)**

A	B	C	D	E	F	G	H	I	J	K
CARE LEVEL	COALTION APPROVED FULL TIME MAXIMUM RATE (FT) 2008-2009	ENTER YOUR FT RATE	SUBTRACT DIFFERENCE BETWEEN WHAT CCC PAYS AND YOUR FT RATE IF HIGHER	ADD PARENT FEES	DIFFERENCE PARENT OWES PROVIDER \$\$	COALTION APPROVED PART TIME MAXIMUM RATE (PT) 2008-2009	ENTER YOUR PT RATE	SUBTRACT DIFFERENCE BETWEEN WHAT CCC PAYS AND YOUR PT RATE IF HIGHER	ADD PARENT FEES	DIFFERENCE PARENT OWES PROVIDER \$\$
1										
2	INF	34.00				23.80				
3	TOD	29.68				20.78				
4	2YR	22.00				15.40				
5	PR3	19.23				14.20				
6	PR4	19.23				13.99				
7	PR5	19.23				13.46				
8	SCH	16.02				12.02				

**Example:**

- |   |                      |
|---|----------------------|
| 1. Enter your published rate                    | \$35.00              |
| 2. <b>Subtract</b> the CCC Maximum Rate (FT/PT) | <u>(\$34.00)</u>     |
| 3. Difference between your rate and CCC rate =  | \$1.00               |
| 4. <b>Add</b> the daily parent fee              | <u>\$2.50</u>        |
| 5. Balance the parent owes provider daily =     | <u><b>\$3.50</b></u> |

Child's Name \_\_\_\_\_

Parent's  
Signature \_\_\_\_\_

Date \_\_\_\_\_

**NOTE:** If your site charges less than the Maximum Rate, you will be reimbursed the amount you provided on your Survey of Services and Proposed Rates and Fees. You **will not** be paid the higher CCC rate if you did not indicate this rate or a higher amount on your survey.

