



## PROVIDER / CLIENT RATE DIFFERENTIAL WORKSHEET (HOMES - SAMPLE ONLY)

A	B	C	D	E	F	G	H	I	J	K
CARE LEVEL	COALITION 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 \$\$	COALITION 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	24.72				17.60				
3	TOD	23.85				16.70				
4	2YR	23.08				16.16				
5	PR3	23.08				16.16				
6	PR4	23.08				16.16				
7	PR5	23.08				16.16				
8	SCH	20.77				15.58				

**Instuctions:**

1. Enter your published rate
2. **Subtract** the Coalition Approved Maximum Rate (FT/PT)
3. Difference between your rate and CCC rate
4. **Add** the daily parent fee
5. Balance the parent owes provider daily

**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 less parent fees. You **will not** be paid the higher CCC rate if you did not indicate this rate or a higher amount on your survey.