

# Trial Reimbursement Report Instructions

This instruction sheet is to assist with the "Trial Reimbursement Report" that you receive with your reimbursement check. Please verify that you have received payment for each child that you cared for during that month. This form will provide you with information regarding: *the number of days reimbursed, parent fee amount, your provider rate, the child's care level, child's name, child's social security number, and the funding source for this payment.* If you have questions regarding this report or feel that the information may be in error, it is your responsibility to contact the Finance Department of CCC prior to submitting the enrollment/attendance verification forms for the next reimbursable period.

- (1) Name and address of Coordinated Child Care of Pinellas, Inc. and title of report.
- (2) Your Name or Business name, social security number or tax ID number, address, and telephone number.
- (3) Type of center or home.
- (4) Name of Funding Source represented on this report. (Providers who have more than one funding source will have more than one report)
- (5) Report period that is covered by this reimbursement check.
- (6) Child Name and Social Security Number.
- (7) Eligibility Activity:  
Notice of Terminations and dates such as:
  - (7a) Fee Change
  - (7b) NONCOMPLIANCE WITH POLICY
  - (7c) LOSS OF CONTACT
  - (7d) PROVIDER TRANSFER(These will include Termination dates and if applicable Enrollment dates)
- (8) Care level of Child.
- (9) Days Reimbursed:
  - (9a) Number of Days paid
  - (9b) Type of days paid such as PT (part-time) or FT (full-time)
- (10) Provider Rate. (This is the provider's actual rate or the rate that the state allows us to pay for each care level; per day).
- (11) Gold Seal Rate. (This would only be applicable if you are a Gold Seal Provider)
- (12) Parent Fee. (This is the daily fee that is assessed to the parent and deducted from payment)
- (13) Gross Reimbursement. (This is the total dollar amount of childcare that was provided)
- (14) Gold Seal Cost. (Total of Gold Seal Cost. Only applicable to Gold Seal Providers)
- (15) Less Fees. (This is the total of daily fees that should be collected from the parent)
- (16) Net Reimbursement. (This is the amount that the provider will receive for this Child)
- (16a) Funder Total (This is the total amount paid to the provider for this funding source)
- (17) TOTALS. (This is the total amount of days paid for children under this care level)
- (18) TOTALS FOR THIS PERIOD. (This is the total days and dollars paid by this funder for the period)

**(2)** DAYCARE CENTER OF AMERICA (000112222 3)  
 P.O. BOX 001  
 ANYTOWN, FL. 12345-6789  
 (727) 123-4567

**(3)** \*\* LICENSED CENTER, SUBCONTR \*\*

**(4)** CHILD CARE PURCHASING POOL (CCPP)

**(5)** Reporting Period: 10/01/99 - 10/31/99

Child <b>(6)</b>	Eligibility Activity <b>(7)</b>	Care Level <b>(8)</b>	Days Paid <b>(9)</b>	FT or PT Days <b>(9a)</b>	Provider Rate <b>(10)</b>	Gold Seal Rate <b>(11)</b>	Parent Fee <b>(12)</b>	Gross Reimb. <b>(13)</b>	Gold Seal Cost <b>(14)</b>	Less Fees <b>(15)</b>	Net. Reimb. <b>(16)</b>
==> Child Care for Period: 10/01/1999 - 10/31/1999											
111223333	PURCH POOL 100-150										
Doe, John		TOD	21	FT Days	23.00	.00	3.20	483.00	0.00	67.20	415.80
222334444	PURCH POOL 100-150										
Does, Jane		TOD	21	FT Days	23.00	.00	8.80	483.00	0.00	184.80	298.20
333445555	PURCH POOL 100-150										
Do, Jon		TOD	14	FT Days	23.00	.00	3.20	322.00	0.00	44.80	277.20
<b>(7a)</b>	Fee Change	TOD	7	FT Days	23.00	.00	2.40	161.00	0.00	16.80	144.20
	12 to <24 MTH WAGES <b>(17)</b>	TOTALS:	63	FT Days				1,449.00	0.00	313.60	1,135.40
444556666	Terminated 10/18/1999	PR3	13	FT Days	17.00	.00	0.80	221.00	0.00	10.40	210.60
<b>(7b)</b>	NONCOMPLIANCE W/ POLICY Enrolled 10/28/1999	PR3	3	FT Days	17.00	.00	4.80	51.00	0.00	14.40	36.60
	36 TO <48 MTH <b>(17)</b>	TOTALS:	16	FT Days				272.00	0.00	24.80	247.20
555667777	INCOME ELIG 100-150% Terminated 10/25/1999	SCH	17	FT Days	15.00	.00	1.60	255.00	0.00	27.20	227.80
<b>(7c)</b>	LOSS OF CONTACT										
666778888	INCOME ELIG 100-150% Terminated 10/25/1999	SCH	17	FT Days	15.00	.00	1.20	255.00	0.00	20.40	234.60
<b>(7d)</b>	PROVIDER TRANSFER										
	SCHOOL AGE <b>(17)</b>	TOTALS:	34	FT Days				510.00	0.00	47.60	462.40
<b>(18)</b>	TOTALS FOR PERIOD:		113	Days				1,976.00	0.00	386.00	1,845.00
											<b>(16a)</b>

\*\* THIS IS A SAMPLE REPORT FOR TRAINING PURPOSES ONLY!! \*\*