

Squares must be filled in completely using Capital Letter and Black Ink, without touching the sides.

Begin Date: Must be entered as MM/DD/YYYY, for ex. 01/04/2006. This should be the first day of child care being reported on this invoice.

End Date: Must be entered as MM/DD/YYYY, for ex. 01/17/2006. This should be the last day of child care being reported on this invoice.

Payment code: Three digit number that appears on the family authorization under pay codes.

Provider ID: Type B and PPI's: this is your nine digit Social Security Number.
Center's: this is your assigned nine digit ID number. You will need to add leading zeros to fill in the all blocks in this area.

Parent's Last Name: Insert Parent's last name using all capital letters, as it appears on the authorization

First Initial: Insert Parent's first initial using all capital letters.

Parent's SS number: Insert parent's social security number as it appears on the authorization.

Child's Last Name: Insert Child's Last Name using all capital letters, as it appears on the authorization

Child's First Name: Insert Child's First name using all capital letters, as it appears on the authorization.

Child ID: This is the two digit recipient number listed on the authorization by the child's name.

Delete: Blacken in this circle when a mistake is made in the data on the line or when the line is not needed. Do not mark through a box or use white-out.

Month: Insert month (example: 08 for the month of August, must always be two digits).

Day: Insert Day (example 08 for the 8th day, must always be two digits)

Time In: Insert start time (example 08:00, must always fill in all four boxes)

A/P Insert A for A.M. and P for P.M., must be capital letters

Time Out: Insert end time (example 08:00, must always fill in all four boxes)

2nd Time In/Out: This is for split hours that occur in the same day. (ex: child leaves the provider's home for ½ day school and returns to provider's home for add'l care after school.

Rate Code: Letter plus two digits used to designate the correct amount to be paid for that line. This information is provided by the agency according to your contract. H=hourly
W= full or part time week (ex: H01 means hourly traditional, W02 means either full or part time week non traditional)

ABS Fill in only if the child was absent and was suppose to be present that day. Hours that the child was expected to be there have to be listed on this line.

Activity, etc. Negotiated in contract. Letter plus two digits used to designate the correct amount to be paid for this invoice. (ex. M01 means monthly charge and 01 reflects the amount. Code will be provided by the agency according to your contract.

Parent Signature: Parent signature is required. The invoice cannot be processed for payment without it.

Date: MM/DD/YYYY, (ex. 01/01/2006) This date cannot be prior to the last day of child care being submitted for payment on this invoice.

Provider Signature: Provider signature is required.

Provider Name: Print provider's name or name of Center

Date: MM/DD/YY, (ex. 01/01/2006) This date cannot be prior to the last day of child care.

Please do not fold, stain or write, other than in the areas provided, on this invoice. Doing so may cause the scanning system to reject your invoice slowing down the payment process.

Washington County Child Care Invoice

Submit completed invoices to:

Washington County Dept. of Job and Family Services, Social Services Unit
1115 Gilman Avenue, PO Box 2005 Marietta, OH 45750

Please fill in circles completely and write responses in CAPITAL LETTERS using BLACK INK without touching the sides.

●	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	0	1	2	3	4	5	6	7	8	9
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Begin Date (MM/DD/CCYY) <input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2005"/>	End Date (MM/DD/CCYY) <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2005"/>	Paycode <input type="text" value="321"/>	Provider ID (no dashes) <input type="text" value="001122334"/>
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Parent's Last Name <input type="text" value="SMITH"/>	First Initial <input type="text" value="R"/>	Parent's Social Security Number <input type="text" value="222"/> - <input type="text" value="44"/> - <input type="text" value="7789"/>
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Child's Last Name <input type="text" value="JONES"/>	Child's First Name <input type="text" value="ALICIA"/>	Child ID <input type="text" value="01"/>
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Delete	Month	Day	Time In	A/P	Time Out	A/P	Time In	A/P	Time Out	A/P	Rate Code	Abs
<input type="radio"/>	11	01	12:00	P	04:30	P					W02	<input type="radio"/> Abs
<input type="radio"/>	11	02	08:00	P	11:30	P					W02	<input type="radio"/> Abs
<input type="radio"/>	11	03	12:00	P	07:00	P					W02	<input type="radio"/> Abs
<input type="radio"/>	11	04	12:00	P	04:30	P					W02	<input checked="" type="radio"/> Abs
<input checked="" type="radio"/>												<input type="radio"/> Abs
<input type="radio"/>	11	06	12:00	P	04:30	P					W02	<input type="radio"/> Abs
<input type="radio"/>	11	08	11:45	A	05:15	P					W02	<input type="radio"/> Abs
<input type="radio"/>	11	10	07:45	A	04:00	P					W02	<input type="radio"/> Abs
<input type="radio"/>	11	12	07:45	A	04:30	P					W02	<input type="radio"/> Abs
<input checked="" type="radio"/>												<input type="radio"/> Abs
<input checked="" type="radio"/>												<input type="radio"/> Abs
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<input checked="" type="radio"/>												<input type="radio"/> Abs
<input checked="" type="radio"/>												<input type="radio"/> Abs
<input checked="" type="radio"/>												<input type="radio"/> Abs

SAMPLE

❖ Activity Fee	Transportation	Deposit	Registration	Other Fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that I have received the services indicated in this invoice.

[Signature]

Parent Signature

/ /
Date (MM/DD/CCYY)

I certify the charges for services shown on this invoice are correct and in accordance with the terms of the agreement. My signature means I understand that the law provides a penalty upon conviction for claiming or accepting payment for services not given.

[Signature]

Provider Signature

[Signature]

Provider Name

/ /
Date (MM/DD/CCYY)

The Washington County Department of Job and Family Services requires that all monthly invoices for Social Services be turned into the agency for payment no later than 60 days after the last date of services. Failure to do this may result in no payment for the services rendered.

Washington County Child Care Invoice

Submit completed invoices to:

Washington County Dept. of Job and Family Services, Social Services Unit
1115 Gilman Avenue, PO Box 2005 Marietta, OH 45750

Hours

Please fill in circles completely and write responses in CAPITAL LETTERS using BLACK INK without touching the sides.

●	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	0	1	2	3	4	5	6	7	8	9
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Begin Date (MM/DD/CCYY) 11/28/2005	End Date (MM/DD/CCYY) 12/16/2005	Paycode 321	Provider ID (no dashes) 001122334
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Parent's Last Name SMITH	First Initial R	Parent's Social Security Number 222-44-7789
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Child's Last Name JONES	Child's First Name ALICIA	Child ID 01
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Delete	Month	Day	Time In	A/P	Time Out	A/P	Time In	A/P	Time Out	A/P	Rate Code	Abs
<input type="radio"/>	11	28	08:00	A	12:00	P	04:10	P	06:30	P	W02	O Abs
<input type="radio"/>	11	30	08:00	A	12:00	P	04:15	P	06:20	P	W02	O Abs
<input type="radio"/>	12	02	07:45	A	06:15	P					W02	O Abs
<input type="radio"/>	12	03	07:50	A	04:05	P					W02	O Abs
<input checked="" type="radio"/>												O Abs
<input type="radio"/>	12	05	04:10	P	11:15	P					W02	O Abs
<input type="radio"/>	12	07	04:30	P	11:07	P					W02	O Abs
<input type="radio"/>	12	09	08:00	A	12:00	P	04:10	P	06:05	P	W02	O Abs
<input type="radio"/>	12	10	08:00	A	04:15	P					W02	O Abs
<input checked="" type="radio"/>												O Abs
<input type="radio"/>	12	12	04:00	P	12:00	P					W02	O Abs
<input type="radio"/>	12	13	12:01	A	07:45	A					W02	O Abs
<input type="radio"/>	12	14	04:00	P	06:30	P	11:00	P	11:59	P	W02	O Abs
<input type="radio"/>	12	15	12:00	A	12:00	P					W02	O Abs
<input type="radio"/>	12	16	08:00	A	12:00	P	04:10	P	06:30	P	W02	O Abs
<input checked="" type="radio"/>												O Abs

❖ Activity Fee	Transportation	Deposit	Registration	Other Fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAMPLE

I certify that I have received the services indicated in this invoice.

[Signature]

Parent Signature

12/16/2005
Date (MM/DD/CCYY)

I certify the charges for services shown on this invoice are correct and in accordance with the terms of the agreement. My signature means I understand that the law provides a penalty upon conviction for claiming or accepting payment for services not given.

[Signature]

Provider Signature

[Signature]

Provider Name

12/16/2005
Date (MM/DD/CCYY)

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Begin Date (MM/DD/CCYY)	End Date (MM/DD/CCYY)	Paycode	Provider ID (no dashes)
10/17/2005	10/28/2005	321	001122334

Parent's Last Name	First Initial	Parent's Social Security Number
SMITH	R	222-44-7789

Child's Last Name	Child's First Name	Child ID
JONES	ALICIA	01

Delete	Month	Day	Time In	A/P	Time Out	A/P	Time In	A/P	Time Out	A/P	Rate Code	Abs
O Del	10	17	03:15	P	04:00	P					H01	O Abs
O Del	10	18	03:15	P	04:00	P					H01	O Abs
O Del	10	19	03:15	P	04:00	P					H01	O Abs
O Del	10	20	03:15	P	04:00	P					H01	O Abs
O Del	10	21	07:30	A	08:00	A	03:15	P	04:00	P	H01	O Abs
● Del												O Abs
O Del	10	24	07:30	A	08:00	A	03:15	P	04:00	P	W01	O Abs
O Del	10	25	07:30	A	08:00	A	03:15	P	04:00	P	W01	O Abs
O Del	10	26	07:30	A	08:00	A	03:15	P	04:00	P	W01	O Abs
O Del	10	27	07:30	A	08:00	A	03:15	P	04:00	P	W01	O Abs
O Del	10	28	07:30	A	09:15	A	02:00	P	04:00	P	W01	O Abs
● Del												O Abs
● Del												O Abs
● Del												O Abs
● Del												O Abs
● Del												O Abs

SAMPLE

❖ Activity Fee	Transportation	Deposit	Registration	Other Fee

I certify that I have received the services indicated in this invoice.

Parent Signature

10 / 28 / 2005
Date (MM/DD/CCYY)

I certify the charges for services shown on this invoice are correct and in accordance with the terms of the agreement. My signature means I understand that the law provides a penalty upon conviction for claiming or accepting payment for services not given.

Provider Signature

Provider Name

10 / 28 / 2005
Date (MM/DD/CCYY)

The Washington County Department of Job and Family Services requires that all monthly invoices for Social Services be turned into the agency for payment no later than 60 days after the last date of services. Failure to do this may result in no payment for the services rendered.



Daycare Center Training

1. Schedule for turning in invoices and payment
2. Your Fiscal Representative
 - o Info Sheet
3. Be sure you are using the correct invoice form
 - o Please do not copy them – our machine does not pick up correctly on copied forms
 - o call your Fiscal Rep for more invoices
 - o Please be sure the invoices are in good condition – these invoices need to go through a scanner
4. Write in black ink
5. Do not write anything on the invoices except required information
 - o Do not write outside of the boxes
 - o Do not write calculated hours and expected payments on the side or bottom on the invoice
 - o Don't write notes on invoices
6. Begin & end date at top of invoice:
 - o Begin Date is the first day of service written on that invoice
 - o End Date is the last first day of service written on that invoice
7. Paycodes – list of what they are and what they mean:

<u>Paycode</u>	<u>Explanation</u>
312	Job Child Care - OWF
313	Transitional
321	Employment/Training
322	Education
323	Protective
324	Special Needs
325	Homeless

- If child's paycode changes during the two week billing period, put the hours for the new paycode on a separate invoice.
 - Paycode and Child ID are most common items to be wrong – please check all of your info before turning it in
8. Get all of the parent/child information for top of invoice from the authorization sheet that is provided to you.
- Don't use nicknames for children, unless that is what is listed on authorization sheet
9. Don't round times in and out – put actual times in/out and the computer will round for us.
10. If you do not write hours in for a day that you mark "absent" we can not pay you for that day.
11. Do not mark days both absent and delete unless you mean for us to DELETE that day
12. Put full weeks on invoices – Sunday to Saturday
- If the week is going to go over onto another invoice, start a new invoice for that week.
 - Use calendar provided by State to determine weeks
13. Use a separate invoice for each month
14. If watching children past midnight, start a new line for the new day.
15. Hours are calculated by the agency using the following guidelines. You should use these rounding rules only to determine the paycode for the week.
- Round back to nearest quarter hour on time in.
 - Example – If arrive at 1:10, then use 1:00 to start counting hours.
 - Round forward to nearest quarter hour on time out.
 - Example – If leave at 1:20, then use 1:30 to stop counting hours.
16. Non-Traditional hours:
- after 7:00 pm
 - before 6:00 am
 - If one day is non-traditional, it makes the whole week non-traditional.

o ****Many centers are not authorized for non-traditional hours****

17. Rate Codes – list of what they are and what they mean:

<u>Applies to:</u>	<u># of Hours</u>	<u>Type of Pay</u>	<u>Rate code Traditional</u>	<u>Rate code Non-Traditional</u>	<u>Rate code</u>	<u>Rate code</u>
				plus 5%	plus 10%	plus 15%
Both	less than 6.9	Hourly	H01	H02	H03	H04
Both	7.0 - 24.99	Part Time	W01	W02	W03	W04
Providers	25.0 - 49.99	Full Time	W01	W02	W03	W04
Centers	25.0 - 59.99	Full Time	Please	See attachment	For your	Actual rates
Providers	50.0 and above	Over Time	H01	H02	H03	H04
Centers	60.0 and above	Over Time	H01	H02	H03	H04

******Centers – please see attachment for your actual rate codes******

o If you have completed more than 50 hours (60 for centers) in a week, you need to code all the days that are used to equal 50 hours (60 for centers) at a weekly rate. Then complete a separate line for each day thereafter, within that same week, using the hourly rate code that applies.

18. Activity Fee, Transportation, Deposit, Registration, and Other Fee fields are used by centers. These figures are stated on the contract.

19. Be sure that the parent signs and dates the invoices – no payment can be made if these field are not complete.

o These fields must be filled out by the parent!

20. IF NOT CORRECT, WE WILL SEND INVOICES BACK TO BE CORRECTED

21. Questions?

Most Frequent Errors made

Daycare Provider Training

- Make sure the begin and end dates on the invoice are same begin and end date that are on that invoice.
 - Ex: If the first date on the invoice is Jan. 1 put that date in the begin date boxes. If Jan. 15 is the last date on the invoice put that date in the end date boxes.

 - If two lines are used on one day of care on an invoice and the child is absent, only mark one of the lines as absent.
 - Ex: If the child is there past midnight

 - Registration or Activity fees. If there are two invoices for the month the registration or activity fee is being taken out of. Mark the boxes only on the first invoice for that month. Do not mark both invoices.

 - Do not copy or use old invoices.

 - For Absent days do not mark delete and absent. Make sure to fill in the date and times the child should have been there.

 - Leave 1 blank line in between each state calendar week.

 - Only put the days the child was there on the invoice. Do Not fill in any dates that the child was not there.

 - Double check for accuracy. Double check child ID, social security number, AM and PM. Have parents verify social.

 - Be sure to fill out the entire invoice.

 - Make sure the parents sign and date AFTER last day of care. IF THE PARENT DOES NOT DO THIS IT COULD BE FRAUD.

 - Make sure to mark hourly as H01 or H02. Hourly rates should be used for anything less than 7 hours and anything over 50 hours for providers and anything over 60 hours for centers.
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