

## Northwest Workforce Service Area Letter 109.1

**Subject:** Child Care Policy

**Issuance Date:** 1 January 2004, Revised 1 July, 2008

**Effective Date:** 1 January 2004

**Action:** To establish the Northwest Private Industry Council policy regarding the procedures involved in the expending of child care funds within the Northwest Workforce Service Area.

**Who:** Workforce Investment Board Members, Local Elected Official Board Members, and Program Providers.

**Background:** The Northwest Private Industry Council recognizes that child care is a crucial element for many of the WIA clients. Without child care support, many clients would not be able to participate in WIA program activities. As funds available for child care are extremely limited and because child care can consume program funds at a very rapid rate, all other providers of child care must be exhausted prior to authorizing child care under WIA.

**Policy and Procedures:** The following procedures are established for the purpose of assisting clients in covering the costs of child care:

1. The NWPIC Child Care Questionnaire (Attachment A) must be completed for all clients seeking assistance with child care prior to awarding child care assistance to any client.
2. Child care providers must be licensed or be relatives of the WIA client.
3. The maximum child care assistance provided to any client by the NWPIC will not exceed a weekly rate of \$100 for one child in daycare or a weekly rate of \$125 for two or more children in daycare. The maximum amounts may be exceeded only with the authorization of the NWPIC. The client and case manager must demonstrate the need for exceeding the limits and the NWPIC will grant this variation only in extreme and unusual situations.
4. The case manager must pre-approve, in writing, the daycare provider, hourly/weekly rates, maximum expenditure level and allowable hours prior to the expenditure of any child care funding. The written authorization must be provided to the client, the day care provider and must be included in the client record.
5. The client and the daycare provider are to complete and sign the NWPIC Client Childcare Invoice (Attachment B)– to be reimbursed for child care costs. NO other invoices will be accepted.

6. NWPIC Childcare Invoices are to be submitted for payment at a minimum of once a month. Childcare providers should be encouraged to bill the NWPIC on their normal bill cycle. They may bill on a weekly or bi-weekly basis if that is their normal billing cycle.
7. Case management staff should review the NWPIC Childcare Invoices for accuracy and to verify that the daycare provider has not exceeded pre-approved limits prior to submitting the childcare costs to the NWPIC for payment. Standard support service procedures are to be used for reimbursement.

**Attachments:**

- A. NWPIC Childcare Questionnaire
- B. NWPIC Client Childcare Invoice

**Contact:**

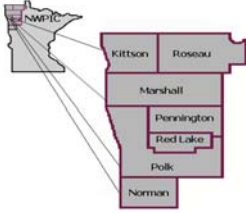
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# **ATTACHMENT A**

**NWPIC**

**CHILD CARE**

**QUESTIONNAIRE**



## NORTHWEST PRIVATE INDUSTRY COUNCIL

### CHILD CARE QUESTIONNAIRE

**NAME:** \_\_\_\_\_

1. Do you have any children under age 18 living in your household? YES NO

If you answered **YES** to the above question, please complete the following information about each child in your household in need of daycare.

If you answered **NO** to the above question, please sign and date this form at the bottom of the reverse page.

CHILDS NAME	AGE

2. Do you currently receive financial assistance for child care: YES NO

If you answered **YES** to the above question, please complete the following section:

If you answered **NO** to the above questions, please sign and date this form at the bottom of the reverse page.

AGENCY NAME	RATE/HOUR	WEEKLY RATE

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(OVER)

3. Please provide the following information about your child care costs:

CHILDS NAME	RATE/HR	HRS/WEEK	\$ TOTAL

4. Please provide the following information about your child care provider:

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_

5. Is there any additional information you would like to provide about your child care situation?

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

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**ATTACHMENT B**

**NWPIC**

**CLIENT CHILD CARE**

**INVOICE**

# NWPIC Client Childcare Invoice

**Month:** \_\_\_\_\_ **Child #1** \_\_\_\_\_ **#4** \_\_\_\_\_  
**#2** \_\_\_\_\_ **#5** \_\_\_\_\_  
**Client Name:** \_\_\_\_\_ **#3** \_\_\_\_\_

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Invoice Dates: \_\_\_\_\_ to \_\_\_\_\_ PLEASE PRINT Day Care Provider Info.

Approved Rate: \$ \_\_\_\_\_  
(Use appropriate line only)

\_\_\_\_\_ Hours  
 \_\_\_\_\_ Days  
 \_\_\_\_\_ Weeks  
 \_\_\_\_\_ Months

TOTAL \$ \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Social Security # \_\_\_\_\_

\_\_\_\_\_  
 Client Signature Date

\_\_\_\_\_  
 Daycare Provider Signature Date

I certify that this is the total number of hours I have provided care to the child(ren) listed on this invoice and that I am NOT being reimbursed through another agency or individual for any amount claimed.