

# AmeriCorps Childcare Attendance Sheet Invoice



### Privacy Act Statement (PAS)

**Authorities** – This information is requested pursuant to the National and Community Service Act of 1990 as amended (42 USC 12501 *et seq.*), the Domestic Volunteer Service Act of 1973 as amended (42 USC 4950 *et seq.*), and E.O. 9397 as amended. **Purposes** – It is requested to manage, administer, and evaluate the child care benefits program offered to eligible AmeriCorps Service Members. **Routine Uses** – Routine uses of this information may include disclosure to (1) contractors to assist with administering the child care benefit, (2) individuals and organizations providing child care, and (3) federal, state, or local agencies pursuant to lawfully authorized requests. **Effects of Nondisclosure** – This request is voluntary, but not providing the information will likely affect your ability to receive child care benefits.

**Member Name:** \_\_\_\_\_ **Member E-Mail Address:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_ **Provider E-Mail Address:** \_\_\_\_\_

**Month of Care:** \_\_\_\_\_ **Year of Care:** \_\_\_\_\_ **State:** \_\_\_\_\_

CHILDREN IN CARE:		
Child Name	Age	Childcare Provider Rate (Ex: \$100/weekly)
1.		
2.		
3.		

Instructions: Fill in the total # of hours each day care was provided (Ex: If care was provided from 8am-5pm you would write "9" in the box below). Please use the letter "A" for absent/sick, "H" for holidays, and "W" for weekends.																
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Child 1:																
Child 2:																
Child 3:																
Days of the Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Child 1:																
Child 2:																
Child 3:																

INVOICE CHARGES: Please add up your weekly charges for the month	
WEEK 1	\$
WEEK 2	\$
WEEK 3	\$
WEEK 4	\$
WEEK 5	\$
<b>TOTAL INVOICE CHARGES</b>	<b>\$</b>

X \_\_\_\_\_ **Provider Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I certify that the provider information and attendance record entered on this attendance sheet are true and accurate. I understand that my payment will be in accordance with the CCDF Block Grant program guidelines for my state. I further understand that any misrepresentation of information may result in legal action.

X \_\_\_\_\_ **Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I certify that the information provided above and the attendance records entered on this attendance sheet are true and accurate. I understand that my payment will be in accordance with the CCDF Block Grant program guidelines for my state. I further understand that any misrepresentation of information may result in legal action.

**\*Upon receipt of a completed Attendance Sheet, payment will be made within 10 business days (Incomplete attendance sheets will NOT be processed)**