



3-13

Call your worker if you need more information. _____ at _____.

Child's name:
Case number:

Provider ID:
Provider name:

Provider instructions: Write in the information in the grid below for each child.

NSH: Number of total hours that are eligible for the non-standard hour differential.

Age Group	Authorized Hours	Unit type	Number of units	Unit rate	Amount billed	Registration fees	Subtotal

Family copay \$_____

Total \$_____

Provider instructions: Write the date under each day listed on the grid. Indicate the scheduled number of hours and attendance code for each day. Leave the “Attendance” field blank if the child was with the provider on a scheduled day.

[illegible]