



Cuyahoga County Division of Children and Family Services  
 3955 Euclid Avenue, Cleveland, Ohio 44115  
 (216) 431-4500  
 24-Hour Children's Hotline 696-KIDS (5437)  
 Ohio Relay Service (TTY) 711

## KINSHIP DAYCARE INVOICE

**PROVIDER INFORMATION:**

Name: Love Our Kids Day Care

Address: 1234 Main St. City: Cleveland State/Zip: OH/44120

License or SSN: 0000000 Phone #: (216) 555-2340

Caregiver Name: Mary Smith (relative or kin) Address 567 Euclid Ave.

DCFS Child Protection Specialist: Tom Bow (social worker) DCFS Sups: Lisa Way (social worker supervisor)

If you have any questions or concerns, please contact DCFS Daycare Enrollment Specialist: Jane Doe Phone #: (216) 881-5000

**CHILD INFORMATION:**

Child's Name: Alexis Smith DOB: 07/06/12

Service Period : 01/01/16 to 01/31/16

Service Period billed on a monthly basis

Daily Rate: \$ 33.68 # of Days of Service: 20

Caregiver Co-Pay: \$ 0 County Payment Request: \$ 673.60

Please circle one: Full time (5 days a week) Part time (3 days a week)

Transportation cost can be covered but must be billed as part of the daily rate charged to CCDCFS not to exceed the maximum daily rate allowed for that aged child.

\*\*Day Care Provider must submit published rates with invoice.

**I DO CERTIFY THAT THE CHILD IN MY CUSTODY WAS SERVED BY THE PROVIDER AS IDENTIFIED ABOVE.**

Caretaker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward invoice to: **Cuyahoga County Division of Children and Family Services**  
**ATTN: Payment Processing Dept., RM 347E**  
**3955 Euclid Avenue, Room 347 East**  
**Cleveland, OH 44115** Fax# (216) 420-0553

**County Use Only**

Approved by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_

