

CCCS Weekly Manual Billing Form

The attached manual billing form is to be used as a BACK UP only to bill CCCS for days not recorded in the Child Care Automated Attendance (CCAA) system by the parent. It should NOT have the entire period recorded for all children. Providers are required to report days not recorded by the parent. **In order to be reimbursed for those days, this form must be completed weekly and submitted no later than midnight each Tuesday for the previous week.**

Email weekly forms to: attreport@ccgroup.org, or fax to: 1-877-360-3834

Attendance information recorded through the CCAA system will be transmitted to CCCS automatically on the 22nd of the current month (for 1st -15th) and the 7th of the following month (for 16th-end of month and monthly). Information from your manual billing form will be added to this information before processing the payments if the form is received within the time frames listed above.

Contact us at cccs@workforcechildcare.org, or call us at 409-835-1411.

Review the attendance report for your facility or home on the CCAA provider website (www.workforcesolutionschildcare.com) *at least weekly* to ensure parents have recorded attendance information. Days not recorded by the parent will show as red boxes with a Z on the website attendance report. These are the only children and days that should be recorded on the manual form.

The following codes should be used for days present, and will indicate the reason why the attendance was not recorded by the parent:

L = Lost card

N = New parent – not referred yet or no card

O = Other reason – describe in the notes at the bottom of the page

R = Parent has a card but did not record

D = System declined information

The following codes should be used to days absent, and will indicate the reason for the absence:

A = General absence

C = Child was absent due to court ordered visit with the non-custodial parent

I = Absent due to illness

Parents can request replacement or additional cards on our website: www.workforcechildcare.org or by email at: cccs@workforcechildcare.org

If you would like an electronic copy of the manual billing form that you can complete on your computer:

You can download it from our website: www.workforcechildcare.org

You can request a copy by sending email to: cccs@workforcechildcare.org

Sent by: _____ Email _____ Fax

Please copy form as needed

Fax form to: 1-877-360-3834
 Email form to: attreport@ccgroup.org

Child Care Assistance Weekly Reporting & Manual Billing Form

Must be received by midnight each Tuesday in order to be paid

Provider/Facility Name: Julie's Day Care

Month: May Year: 2011

CCCS Provider Number (5 digits): 12345

Telephone: 409-555-1234

Enter dates and use codes on page 1

Client Last Name	Client First Name	Client # <small>(Example: c12345)</small>	Family Case #	P/F	For CCCS use only				Date:	Days & Dates of the Week							
					Units	Abs	Ill	Court		Sun	Mon	Tues	Wed	Thur	Fri	Sat	
										5/1	5/2	5/3	5/4	5/5	5/6	5/7	
Jones	Chelsea	C12378		F					Enter a code to the right for days no attendance was recorded by parent only. These will show as a red Z on your online attendance report.		R	L	L	L	L		
Williams	David	C456789		P								A					
Zuniga	Maria	C78911		F								N	N	N	N	N	
Zuniga	Joseph	C78912		F								N	N	N	N	N	

Notes: C. Jones - parent reported she has lost her card.

D. Williams - child was picked up from school by grandparents. Parent forgot to record absence.

Maria & Joseph Zuniga - New family & parent has not received her card yet.

Provider Signature: _____ Date: _____

If completing form by hand, please sign and date before submitting. If completing electronically, please initial the box below to verify information.

I verify that the attendance information listed is correct and I understand that all information provided is subject to on-site verification by authorized CCCS, Workforce Solutions, and Texas Workforce Commission staff. Name of person completing form: _____

Sent by: _____ Email _____ Fax _____

Sent by: _____ Email _____ Fax

g.

Sent by: _____ Email _____ Fax