

**CDBG Childcare Subsidy Program
Attendance and Reimbursement Sheet**

Please complete the following information for *each child* participating in the CDBG subsidy program. Forms are due at the end of each month, at which time reimbursement funds will be processed and sent to you from the participating Town. Additionally, you will be sent a summary of the funds remaining for each participating child. If you have billing questions, please do not hesitate to get in touch with our office at the number below.

Program Town: _____

Child's Name: _____

Attendance: Please *write the date and cross off the days* the child above attended your program this month.

Month: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Absence Record: Was the above child absent from care on a day they were scheduled to attend this month? If so, which days? _____

Hours of Attendance: Does the child attend full day or partial day in your program. If partial day, please provide the hours (i.e. 3-6pm): _____

Total Cost this Month: _____

Total Family Co-Payment this Month: _____

Total Subsidy Payment this Month (Total Cost minus Family Co-Payment): _____

I certify, as the staff member who manages billing, that the funds requested on this invoice have not been requested or paid for from another source (including family or other subsidy program).

Signature of Authorized Administrator: _____

Please send the completed form for each participating child to:
Carol Bergen, Bailey Boyd Associates, Inc.
508-430-4499x5
Fax: 508-430-4498
cbergen@baileyboyd.com
P.O. Box 65
N. Truro, MA 02652

Program Manager Approval: _____