

# CalWORKs

## Chabot-Las Positas Community College District

### MONTHLY CHILD CARE REPORT

The individual named below is currently a CalWORKs student in the Chabot-Las Positas Community College District (CLPCCD). In order for the student to receive his/her childcare allowance, the information requested below must be completed and signed by both the student and the childcare provider. An individual form must be completed for each child. After the form is completed, it must be returned to the Las Positas College CalWORKs Office no later than five (5) working days after the conclusion of each month. No future childcare allowance will be paid unless this form is completed each month for the period for which the student is receiving the childcare allowance. Payment will be made directly to the provider after receipt of this report at the conclusion of each month that the student is eligible to receive funds.

#### ABSENCE POLICY

On days when child is absent from scheduled care, please indicate reason for absence, such as illness of child, illness of parent, family emergency, etc. Excused absences will only be paid to licensed providers. Excused absences are limited to 10 days per month. **Unexcused absences will not be paid by the CalWORKs Program.**

If you have any further questions about this process or the overall CalWORKs program, please contact the CalWORKs Coordinator at Las Positas College at (925) 424-1432. You may mail the report to: CalWORKs Program, Las Positas College, 3033 Collier Canyon Road, Livermore, CA 94551.

Student's Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Last) (First) (M.I.)

Child's Name: \_\_\_\_\_ Month: \_\_\_\_\_

Total Hours for Month: \_\_\_\_\_ Total Due for Month: \_\_\_\_\_

(REQUIRED)

(REQUIRED)

DATE	TIME IN	TIME OUT	DAILY HOURS	REASON IF ABSENT	DATE	TIME IN	TIME OUT	DAILY HOURS	REASON IF ABSENT
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									

Provider's Name: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Organization Name (if different than provider's name): \_\_\_\_\_

Provider's Address: \_\_\_\_\_

Provider's Phone: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(continued on reverse)

**CHILD CARE PROVIDER AFFIRMATION**

My signature below serves as an affirmation of the following:

1. That all of the information contained in this report is true and correct to the best of my knowledge.
2. That funds provided by Las Positas College are limited, transitional funds to provide for child care while the student listed above is eligible to receive such funds. I further understand that the funding will terminate if the student is no longer a student, becomes ineligible for CalWORKs funding, or at such time as the county CalWORKs program begins to pay for the student’s child care.
3. That receipt of any allowance of child care funds by me and/or my organization from the Chabot-Las Positas Community College District is expressly conditioned upon my completion of this report.
4. That receipt of any allowance of child care funds by me and/or my organization from the Chabot-Las Positas Community College District is expressly conditioned upon receipt by the College CalWORKs Office of this report within five working days of the conclusion of each month.
5. That I understand that the student/parent may in some cases be receiving only a portion of his/her child care allowance from the CalWORKs program and in those cases the student/parent is responsible for the cost of any child care balance.
6. That if at any time the child care provider or the student/parent terminates the child care agreement, I will immediately notify the CalWORKs Office at (925) 424-1432. I will also provide immediate written notification of such termination to the CalWORKs Coordinator at Las Positas College.
7. That the Chabot-Las Positas Community College District is in no way legally responsible or liable for the child (listed above) from I and/or my organization provide(s) child care. Specifically, I and/or my organization agree to indemnify and hold harmless the Chabot-Las Positas Community College District and its agents, contractors, and employees for any claim by any party for any injury and/or damages to the child listed above.

**I affirm that this report is an accurate report of the child care that was provided.**

\_\_\_\_\_

(Signature of Child Care Provider)

\_\_\_\_\_

(Date)

\_\_\_\_\_

(Printed Name)

\_\_\_\_\_

(Position)

**STUDENT AFFIRMATION**

My signature below serves as an affirmation of the following:

1. That all of the information contained in this report is true and correct to the best of my knowledge.
2. That funds provided by Las Positas College are limited, transitional funds to provide for child care while I am eligible to receive such funds. I further understand that the funding will terminate if I am no longer a student, become ineligible for CalWORKs funding, or at such time as the county CalWORKs program begins to pay for my child care.
3. That receipt of any allowance of child care funds by my child care provider from the Chabot-Las Positas Community College District is expressly conditioned upon completion of this report by me and my child care provider.
4. That receipt of any allowance of child care funds by my child care provider from the Chabot-Las Positas Community College District is expressly conditioned upon receipt by the College CalWORKs Office of this report within five working days of the conclusion of each month.
5. That I understand that in some cases I may receive only a portion of my child care allowance from the CalWORKs program and in those cases I am responsible for the cost of any child care balance.
6. That if at any time the child care provider or I terminate the child care agreement, I will immediately notify the CalWORKs Office at (925) 424-1432. I will also provide immediate written notification of such termination to the CalWORKs Coordinator at Las Positas College.
7. That the Chabot-Las Positas Community College District is in no way legally responsible or liable for the child (listed above) from I and/or my organization provide(s) child care. Specifically, I agree to indemnify and hold harmless the Chabot-Las Positas Community College District and its agents, contractors, and employees for any claim by any party, including myself, for any injury and/or damages to the child listed above.
8. That I must meet all the CalWORKs program requirements as determined by the appropriate CalWORKs staff at either Las Positas or Chabot College.

**I affirm that this report is an accurate report of the child care that was provided.**

\_\_\_\_\_

(Student Signature)

\_\_\_\_\_

(Date)