

Authorized Signature:

Orange County Department of Education Business Services

FAMILY SUPPORT SERVICES

Tel. (714) 708-3860 • Fax (714) 708-2916

Mailing Address

Family Support Services P.O. Box 9050 Costa Mesa, CA 92628-9050

		INIPT POLICY ST			
Name				TRUSTLINE	
ddress				RELATIVE	
			Email		
City				#	
ne #	Cell #		Fax #		
itial and s	ign below. This document is re	equired prior to O	CDE FSS implement	ting any rate change	
certify under penalty of periury that the information contained in this document is accurate. Lagree to the following:					
					INITIAL
Family Support Services Provider Participation Guidelines will be observed.					
Provider reimbursement is limited by statutes and regulations found in Education Code and California Code of Regulations, Title 5, Subchapter 2.5: Utilization of the Regional Market Rate Ceiling.					
Attendance sheets must be completed daily with exact time in and time out of child.					
 License exempt providers will only be paid for hours and days of care authorized by OCDE Family Support Services. 					
License exempt providers will not be paid for any child's absence from care. (Unless otherwise directed by CDSS CCDD)					
License exempt providers must be in good health.					
7. In writing, provider must notify the OCDE FSS changes in address and/or telephone number(s). Failure to notify OCDE FSS of these changes may result in delay in payment or non-payment for child care.					
Parent(s) must have unlimited access to their child(ren) and child care provider during normal hours of provider operation and/or whenever child(ren) are in the care of the provider.					
Failure to submit any requested documentation may result in termination of your contractual agreement for child care services with OCDE FSS.					
Provider Signature			int Name	Date	
Return the completed form to the above mailing address or fax to (714) 708-2916. Attn: Provider Services					es
TO BE COMPLETED BY OCDE FSS					
Date All Documents Received:			Effective Date of Rates:		
Type of Action/Change:		Effective 1	Effective Date of Action/Change:		
	City ne # rs of Opera der penalty nditions s mily Supp ovider rein ode of Reg tendance s cense exer rpport Serv cense exer complete or complete or complete rent(s) mu ovider opera illure to su or child care Provid the complete ocuments	City me # Cell # rs of Operation citial and sign below. This document is reconditions set forth in the Agreement for Child and Sign below. This document is reconditions set forth in the Agreement for Child and Support Services Provider Participation coulder reimbursement is limited by statutes and of Regulations, Title 5, Subchapter 2.5: dendance sheets must be completed daily we canse exempt providers will only be paid for a CDSS CCDD) dense exempt providers must be in good here writing, provider must notify the OCDE FSS tify OCDE FSS of these changes may result arent(s) must have unlimited access to their povider operation and/or whenever child(ren) illure to submit any requested documentation child care services with OCDE FSS. Provider Signature the completed form to the above mailing additional and the completed f	City	City	City Zip Social Security # Fax # Serial Security # Social Security # Fax # Ages of children served Serial and sign below. This document is required prior to OCDE FSS implementing any rate change der penalty of perjury that the information contained in this document is accurate. I agree to the following: conditions set forth in the Agreement for Child Care Services, the Certificate for Child Care Services and mily Support Services Provider Participation Guidelines will be observed. Dovider reimbursement is limited by statutes and regulations found in Education Code and California dete of Regulations, Title 5, Subchapter 2.5: Utilization of the Regional Market Rate Ceiling. Itendance sheets must be completed daily with exact time in and time out of child. Determine severngt providers will only be paid for hours and days of care authorized by OCDE Family proport Services. Determine severngt providers will not be paid for any child's absence from care. (Unless otherwise directed CDSS CCDD) Determine severngt providers must be in good health. Writing, provider must notify the OCDE FSS changes in address and/or telephone number(s). Failure to tity OCDE FSS of these changes may result in delay in payment or non-payment for child care. Determine the services of the provider during normal hours of poider operation and/or whenever child(ren) are in the care of the provider. Determine to submit any requested documentation may result in termination of your contractual agreement child care services with OCDE FSS. Provider Signature Print Name Date the completed form to the above mailing address or fax to (714) 708-2916. Attn: Provider Service TO BE COMPLETED BY OCDE FSS. Effective Date of Rates:

Print Name:

Date: