



SAMHSA Child Care Subsidy Program Monthly Invoice Form

SECTION A – EMPLOYEE (Parent) AND CHILD CARE PROVIDER INFORMATION

1. PARENT'S ORG CODE	2. EMPLOYEE ID NO.	3. PARENT'S FIRST NAME	PARENT'S LAST NAME
NA			
	4. INVOICE MONTH	INVOICE YEAR	5. NAME OF CHILD CARE PROVIDER (Individual name if you are not a business)

SECTION B - CHILDREN INFORMATION

Please list each child of the SAMHSA employee listed above on line 3, for whom child care services were provided by the child care provider listed above on line 5. You may list up to 4 children on the same invoice as long as all of the children were cared for by the same child care provider.

CHILD 1 FIRST NAME	CHILD 1 LAST NAME	CHILD 1 AGE
CHILD 2 FIRST NAME	CHILD 2 LAST NAME	CHILD 2 AGE
CHILD 3 FIRST NAME	CHILD 3 LAST NAME	CHILD 3 AGE
CHILD 4 FIRST NAME	CHILD 4 LAST NAME	CHILD 4 AGE

SECTION C - CHILD CARE SERVICES WEEKLY COST AND TOTAL MONTHLY COST

Please indicate the total child care charges for services rendered each week during the month. Each week is from Monday to Friday. Please look at a calendar each month, and count the number of Fridays in the month. The week ending date should always be on a Friday. Most months will have 4 Fridays or 4 weeks. A few months will have 5 weeks. **PLEASE DO NOT PUT DIFFERENT MONTHS ON THE SAME INVOICE.**

	CHILD 1 CHILD CARE COST	CHILD 2 CHILD CARE COST	CHILD 3 CHILD CARE COST	CHILD 4 CHILD CARE COST	TOTAL WEEKLY CHILD CARE COST
WEEK 1 ENDING DATE					
WEEK 2 ENDING DATE					
WEEK 3 ENDING DATE					
WEEK 4 ENDING DATE					
WEEK 5 ENDING DATE					
TOTAL CHILD CARE CHARGES FOR THE MONTH					

SECTION D - EMPLOYEE (PARENT) CERTIFICATION

I certify and affirm that the above information is true and complete to the best of my knowledge. I certify that I am an active full-time employee of The Substance Abuse and Mental Health Services Administration (SAMHSA). I also certify that I am the parent and / or legal guardian of each child listed in Section B above. I also certify and affirm that each child listed above was cared for by the child care provider listed above, and I do confirm and verify each child's attendance as indicated above.

I understand that if I make a false statement, it is a violation of federal law and I may be subject to criminal and / or civil penalties as allowed by law. In addition, I further understand that if I make false statements or misrepresentations on this form, I may be subject to criminal prosecution and punishment, including the termination of my employment, fines, repayment of any subsidies received, or imprisonment.

SIGNATURE OF PARENT / GUARDIAN	DATE SIGNED

SECTION E - CHILD CARE PROVIDER CERTIFICATION

I certify and affirm that I have the legal authority to sign on behalf of the child care facility listed on line 5 above, or I am an individual providing child care services. I further certify and affirm that the above information is true and complete to the best of my knowledge. I certify that I (we) am (are) a licensed or regulated child care provider; or I am an eligible child care provider pursuant to requirements of my state. I certify and affirm that I have disclosed all other child care subsidies or child care benefits that I am receiving for each child listed above, from any other source(s). I verify and confirm that each child listed above did attend my facility (or home), and I (we) did provide child care services for each child listed above.

I understand that if I make a false statement, it is a violation of federal law and I may be subject to criminal and / or civil penalties as allowed by law. In addition, I further understand that if I make false statements or misrepresentations on this form, I may be subject to criminal prosecution and punishment, including repayment of any subsidies received, fines or imprisonment.

SIGNER'S PRINTED NAME	SIGNATURE	TITLE	DATE SIGNED