

Kids in Care: Job Search Support

Sponsored by Child Care Resource & Referral ~ Metro
 Funded through the Office of Child Care by the American Recovery and Reinvestment Act (ARRA)



**Children's
Service Society**

**Child Care Resource
& Referral ~ Metro**

Provider's Name: _____ Phone Number: _____

Address: _____

Dear Child Care Provider,

Invoices must be submitted for each month in which care is provided. This form must be received by Child Care Resource & Referral by the 5th of the month following service delivery. **Please use a separate invoice for each child.**

Return **invoice** along with **sign in sheets** documenting attendance in child care and the **Job Search Log** filled out by the parent to the address below. Payment will be made directly to you. Remember that parents must qualify before using this program.

Child Care Resource & Referral ~ Metro
124 South 400 East # 400
Salt Lake City, UT 84111

Parent's Name: _____

Phone Number: _____

Child's Name	Age	Date of Service	Time of Service In - Out		(a) Hours Charged Birth-Age 3	(b) Hours Charged Age 3+	OFFICE USE ONLY
					(a) Total hours x \$5.00 =	(b) Total hours x \$4.50 =	

Invoice total: _____