

## Child Care Exception Payment Program Request for Out-of-Pocket Reimbursement

**Case Managers:** Use this form to request a reimbursement for out-of-pocket expenses a foster caregiver incurred. Include receipts (cashed checks, credit card statement, screen print from payment app, a statement/invoice from the childcare provider, etc.) to support the request.

Submit to: [DCF.FCCCEBExceptions@ks.gov](mailto:DCF.FCCCEBExceptions@ks.gov)

<b><u>CASE MANAGER INFORMATION</u></b>	
By completing this section you agree that this request is valid and accurate to the best of your knowledge.	
Case Manager's Name:	
Case Manager's Agency:	
Today's Date:	

<b><u>REQUEST IS FOR...</u></b>			
If more than one child involved, separate names and dates of birth with a hard return.			
If different childcare providers are involved, complete a separate request form for each childcare provider.			
Child's Name:		DOB:	
Foster Caregiver's Name:			
Foster Caregiver's e-mail:			
Daycare's Name:			

<b><u>REQUEST AMOUNT</u></b>	
<input type="checkbox"/> This is the first request for this foster caregiver. The CCEP program will e-mail the foster caregiver a W-9 and DA-130 form to get them set up in SMART, the State's accounting system so payment can be made to them.	
Total Amt this Request:	
Dates of Service Involved:	