North Bay Regional Center

Application for Reimbursement of Day Care Services

(This completed form must be signed by the family member requesting services and returned to NBRC)

Client Name: ______________________ Birth Date: ______________

Name of Parent/Guardian/Responsible Person: ______________________

Client Program Coordinator or Early Intervention Specialist: ______________________

CURRENT EMPLOYMENT OR EDUCATION* INFORMATION:

*Please submit your class schedule along with this application

Mother/Surrogate Schedule:

Name of employer or school attending: ______________________

Address of employer or school attending: ______________________

Telephone of employer or school attending: ______________________

Typical work/school schedule, including meal break (e.g.: Monday: 9 to 6) Excluding Commute

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
WORK							
SCHOOL							

Explain any additions to the above schedule that may require additional hours during the week/month.

Total commute hours per day: Commute to work: ______________ Commute home: ______________

Father/Surrogate Schedule:

Name of employer or school attending: ______________________

Address of employer or school attending: ______________________

Telephone of employer or school attending: ______________________

Typical work/school schedule, including meal break (e.g.: Monday: 9 to 6) Excluding commute

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
WORK							
SCHOOL							

Explain any additions to the above schedule that may require additional hours during the week/month.

Total commute hours per day: Commute to work: ______________ Commute home: ______________

Child's Schedule:

List the name of any school, program or activity your child attends while you are at work and the hours they attend, transportation time. Please attach the school, program or activity calendar and bell schedule.

Name of school, program or activity: ______________________________

Time child attends school/program:

Reg. Day: Start: ______ End: ______ Min. Day: Start: ______ End: ______ Summ. School: Start: ______ End: ______

Regularly Scheduled Weekly Minimum Day ______________________________

Who provides transportation to and from school/program? ______________________________

If transportation is provided by school/program, what time is your child picked up and dropped off?

AM: ____________ Regular Day PM: ____________ Minimum Day PM: ____________

Please list any other natural resources that are available to provide support or activities that your child attends while you are working that are used in lieu of paying daycare:
Please list parent work/school holidays

Day Care Provider(s)

NOTE: NBRC may pay only the cost of Day Care that exceeds the cost of providing day care to a child without disabilities. The family may be required to show evidence that, because of the child's exceptional needs, day care at the prevailing average community rate is not available.

Please initial that you understand the following:

________ I am unable to locate day care in the community at a typical day care rate due to my child's disability.

________ I understand that my day care provider must be 18 years of age or older.

________ I understand that a parent, step parent or significant other living in either of the parent's home cannot be reimbursed for day care.

________ I understand that day care will only be reimbursed during hours that both parents are working or attending school and the child is not attending a school or day program.

________ I understand that day care can only be reimbursed during hours when both parents are working or at school. Day care POS plans may include up to 50 hours per week for employment/school/commute/meal breaks. Any hours that the consumer is at school or in a day program while both parents are working or at school will be deducted from the original 50 hours.

________ I understand that I am responsible to pay the first $5.00 to my day care provider before NBRC will supplement any additional costs agreed upon if my child is under 13 years of age.

________ I understand that if I do not have Medi-Cal that I must participate in the Family Cost Participation Plan if my child is under 18 years of age, to be eligible for day care.

________ I understand that I can not bill for non-eligible family members.

________ I understand that I can not bill for hours that have not been authorized.

________ I understand that I can not bill for services that have not been provided.

________ I understand that I must report any changes to the information in this form to my CPC/EIS immediately.

________ I understand that any fraudulent use of this service will result in the immediate termination of the authorization.

Name of provider: ____________________

Physical address of provider: ____________________

Telephone number of provider: ____________________

How much does this provider charge per hour: ____________________

Name of provider: ____________________

Physical address of provider: ____________________

Telephone number of provider: ____________________

How much does this provider charge per hour: ____________________

Does your child have any medical or equipment needs? ☐ Yes ☐ No
If yes, please describe:

Does your child take any regular medication? ☐ Yes ☐ No
If yes, please list:

Please describe why your child needs more care and supervision than a child of his or her age that does not have a developmental disability (or a child who is not at risk for a developmental disability), and what special skills are required to provide care and supervision for your child?

This application must be completed and returned to your CPC/EIS with appropriate school calendars, requested employment verification and a parent/surrogate signature, in order to review for services.

Signed: ____________________ Relationship to Client: ____________________

Date: ____________________

Santa Rosa Office: 2351 Mendocino Avenue, Santa Rosa, CA 95403 (707) 569-2000, Fax: 542-9727, TTY: 525-1239

Napa Office: 10 Executive Court, Mail: P.O. Box 3360, Napa, CA 94558 (707) 256-1100, Fax: 256-1112, TTY: 252-0213