You must wait for all payment summaries for a service month & reconcile before you can submit a manual claim. Manual claims are only accepted under certain, rare circumstances or "exceptions."

This is a legal document. Please keep a copy for your records.

Month: ___________________, 20____
County: _____________________

<table>
<thead>
<tr>
<th>P = part time</th>
<th>F = full time</th>
<th>FT/PT = full time/part time</th>
<th>FT/FT = full time/full time</th>
<th>Total days used</th>
<th>x</th>
<th>Rate per day</th>
<th>equals Sub total</th>
<th>minus Parent Fee</th>
<th>equals Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Child’s Name: ____________________________
Case #: ____________________________
Worker: ____________________________

Please state why billing a Manual Claim for above child here: ____________________________

Child’s Name: ____________________________
Case #: ____________________________
Worker: ____________________________

Please state why billing a Manual Claim for above child here: ____________________________

Child’s Name: ____________________________
Case #: ____________________________
Worker: ____________________________

Please state why billing a Manual Claim for above child here: ____________________________

Child’s Name: ____________________________
Case #: ____________________________
Worker: ____________________________

Please state why billing a Manual Claim for above child here: ____________________________

Marking “Y” (yes) shows the parent has paid the parent fee or made payment arrangement to pay the parental payment for this claim.
Marking “N” (no) shows non-payment of the parental fee and this will make the parent ineligible for child care until the parental fee has been paid.

I certify that the above Child Care Attendance Manual Claim Form is accurate and complete for care actually provided and for which payment has not been received through the automated system ATS. I understand and certify that I am in compliance with the law concerning discrimination under the Civil Rights Act of 1964 and Section 504, Rehabilitation Act of 1973 which prohibits payment to anyone providing care and services under federally assisted programs unless such services are provided without discrimination on the basis of race, color, sex, age, religion, political beliefs, national origin, or handicap. I further certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department.