

E-Child Care Provider Payment Discrepancy Form

CCR&R Agency: CHILD CARE CONNECTION Date: _____

EPPIC ID Number: _____ Telephone: _____

Name of Provider: _____

Provider's Address: _____

New address and/or phone number:

Case Number:	Parent Name:
<i>Child's Name</i>	<i>Discrepancy payment dates</i>
1.	
2.	
3.	
4.	

“Good Cause” Reasons: (provide explanations below)

- | | |
|---|--|
| <input type="checkbox"/> POS device or Phone issues
<input type="checkbox"/> Parent awaiting EBT Card
Date sent to Xerox: _____
<input type="checkbox"/> Banking Issues:
Date sent to Xerox: _____
Date reported to CCC: _____ | <input type="checkbox"/> Parent refuses to use ECC
CCC will issue non-compliance notification
<input type="checkbox"/> Rate Adjustment
<input type="checkbox"/> Other |
|---|--|

Explanation: _____

Required Documentation, must accompany this form or it will be returned:

1. Copy of signed child care agreement.
2. EPPIC Agreement Profile.
3. Provider payment detail for requested period of service.

Provider Signature: _____ Date: _____

Findings and Action Taken – For CCC Use Only		
Verified information in EPPIC	Y/N	
Checked Agreement in Source System	Y/N	
Issued Attendance Log:	Y/N	Date: _____
Reason for denial: _____		
Staff Signature: _____		Supervisor's Approval: _____