

Provider Rate Form

****PLEASE READ BEFORE COMPLETING AND SIGNING**

ALL rates must be reported in **HOURLY** and **DAILY** formats for all ages that apply to the childcare facility. Infant age is considered 0-23 months and children are 2 years and older. District 7 HRDC cannot calculate amounts for hourly or daily based upon weekly or monthly rates nor can we assume the amounts you are charging if the hourly or daily rates are left blank. If either of the rates are left blank, District 7 HRDC **WILL NOT** be able to enter the rates correctly in the system for Best Beginnings Scholarship payment purposes. This can also hinder authorizations from begin set and pending invoices from being paid.

If you are a current provider, the rates supplied in the correct format will be effective the first of the month following the date we receive them. Montana Department of Public Health and Human Services Child Care Policy 1-4, pages 1 & 2 of 6 states rate changes become effective the first of the month following the date the change is made. A change in provider type does not result in a rate change for the provider. For example: The Provider Rate Form is received by District 7 HRDC on October 4, 2017 thereby making the new rates effective as of November 1, 2017 for Best Beginnings Scholarship payment purposes.

If you are a new provider, your rates will be entered with an effective date coinciding with your approved license begin date. If you have been a provider in the past, please know reporting your rates immediately could eliminate the possibility of a delay in rate adjustment from your previous license timeframe to your new approved license begin date.

Provider Status

I am a new provider reporting rates for the first time ____

I am an existing provider reporting current rates or a rate change ____

Rates

Infant Hourly Rate (0-5 hrs.) \$ _____

Infant Daily Rate (6-10 hrs.) \$ _____

Child Hourly Rate (0-5 hrs.) \$ _____

Child Daily Rate (6-10 hrs.) \$ _____

***WEEKLY and MONTHLY rates are for the Referral Program ONLY.**

Infant Weekly Rate \$ _____

Infant Monthly Rate \$ _____

Child Weekly Rate \$ _____

Child Monthly Rate \$ _____

PV Number _____ PS Number _____ City _____

Print Name _____

**Signature _____

Date _____