Provider Name: Provider Id: Address:											Child Care Attendance Manual Claim														County Use Only																							
											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."												County Adj Id: County Inv #: Date:																									
Phone:eMail:																		s is a	a le N	gal 1 o	do	cum n: _	nen	t. F	Plea	ase 	ke	ер	a co	ру	for	you	ur r	eco , 2														
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I certify that the above Child certify that I am in compliance assisted programs unless such s proposed for debarment, declare	with th ervices	e la are	w co	ncer vide	ning d wi	diso thou	erim t dis	inatio crimi	on u nat	ınde ion	er th on t	e Ci he b	vil I asis	Rigl s of	hts z	Act e, co	of 1	964	and	l Se	ctio	n 5(04, 1	Reh	abil	litat	tion	Act	of	197:	3 wl	hich	pro	hib	its p	ayn	nen	t to ar	iyon	ne pi	rovidi	ing c	care and	l ser	vices u	nder	feder	rally

Date

Provider Signature

(Rev. 5-19)