

COVID-19 Foster Care
Childcare Reimbursement Request

Due to the COVID-19 pandemic, the Department is allowing foster care case managers to submit for review unexpected childcare costs incurred for children in foster care from March 15- May 15, 2020 (nine weeks). The childcare costs must be submitted on an SFN 920 Foster Care Child Care Invoice for licensed and unlicensed childcare providers.

Foster Child Name:	Age of Child:	Enrolled in School: Y or N	CCWIPS Client ID:
Foster Care Placement (Caregiver Name):		Childcare Name:	

Detail specific of the COVID-19 unexpected childcare costs. Check ALL that apply in each section below:

Childcare setting:

- Remained open and continues to provide childcare
- Closed, but continues to bill to hold a spot
- Temporarily closed, but has reopened. Dates closed: _____ to _____
- Applied for and is accepting the Childcare Emergency Operating Grant (CEOG)
- Did not apply for the Childcare Emergency Operating Grant (CEOG)
- Is not a licensed or self-declared childcare provider
 - Childcare setting was arranged with the help of the case manager and approved
 - Due to the emergent need for childcare, foster care provider arranged for their own childcare and the childcare setting was approved by the case manager
 - Due to the emergent need for childcare, foster care provider arranged for their own childcare and the childcare setting was NOT approved by the case manager

Childcare setting is billing for:

- Days/Weeks the child has not been in attendance, but the childcare setting remained open
Child's absence was due to:
 - Child was ill (cold, flu etc) and could not attend
 - Foster parent chose to keep the child home
 - Childcare setting was limiting care to essential workers only
- Days/Weeks in which the childcare setting was closed
- \$50 capped fee while the child is not in attendance
- OTHER(please explain): _____

Foster Care Placement/Caregiver currently:

- Works outside of the home
- Works from home, but requires child care for the hours they work

Signature

I attest that the information presented on this form is true to the best of my knowledge and I, as the foster care case manager, reviewed the unexpected child care costs and am seeking assistance for the placement resource (foster parent or relative caregiver). I have verified the total and attached all required forms as noted below.

- Completed SFN 920, Foster Care Child Care Invoice, for licensed and unlicensed childcare costs.
- Signed W-9; If unlicensed relative caregiver (ex: grandma) a W-9 must be submitted
- Total reimbursement amount requested = \$ _____

Foster Care Case Manager Signature

Agency/Zone Name

Date

SUBMIT by June 5, 2020 to Children and Family Services at dhscfs@nd.gov