



Oregon

Kate Brown, Governor

Department of Human Services

Child Care Program



Date: _____

Family's name: _____

Case number: _____

Estimated co-pay: _____

Estimated hours of care: _____

Provider number: _____

Dear Child Care Provider:

This letter verifies that the Department of Human Services (DHS) will help pay child care for the family named above, beginning _____. This replaces the Child Care Provider Listing form for providers already approved by DHS.

You should receive a child care billing form within one week. If you don't, please call the Direct Pay Unit (DPU) at 1-800-699-9074. (503-378-5500 in Salem).

DHS does not usually pay the total child care expense. Most families are required to pay a portion of the bill, known as the co-pay. The amount of the co-pay will be shown on the billing form. In addition, the family is responsible for any difference between the rate you charge and the maximum rate DHS will pay.

To find out what the maximum rate is for your area or to answer other questions you may have about DHS child care programs, please refer to the Child Care Provider Guide. If you don't have the Provider Guide you can request one by calling DPU at the number given above. The Provider Guide and rate information is also available online at <http://www.oregon.gov/DHS/children/Pages/childcare/index.aspx>.

Thank you for providing this very important service.

Sincerely,

"Safety, health and independence for all Oregonians"
An Equal Opportunity Employer

DHS 7494E (10/15)