Iowa Department of Human Services

PROMISE JOBS CHILD CARE ATTENDANCE AND INVOICE

For the Month of ____________________ 20 ______

Return form to: Office Worker Address	Agreement No. Provider Name (Print) Provider Address City & State	 Zip
Parent or responsible Adult	Social Security #	

Child # 1						Child # 2						Child # 3					
Name:						Name:						Name:					
Age:			Grade:			Age:			Grade:			Age:			Grade:		
Attendance						Attendance						Attendance					
Date	Time In	Time Out	Hours per Day	Units per Day	✔ if Absent	Date	Time In	Time Out	Hours per Day	Units per Day	✔ if Absent	Date	Time In	Time Out	Hours per Day	Units per Day	✔ if Absent
01	to					01	to					01	to				
02	to					02	to					02	to				
03	to					03	to					03	to				
04	to					04	to					04	to				
05	to					05	to					05	to				
06	to					06	to					06	to				
07	to					07	to					07	to				
08	to					08	to					08	to				
09	to					09	to					09	to				
10	to					10	to					10	to				
11	to					11	to					11	to				
12	to					12	to					12	to				
13	to					13	to					13	to				
14	to					14	to					14	to				
15	to					15	to					15	to				
16	to					16	to					16	to				
17	to					17	to					17	to				
18	to					18	to					18	to				
19	to					19	to					19	to				
20	to					20	to					20	to				
21	to					21	to					21	to				
22	to					22	to					22	to				
23	to					23	to					23	to				
24	to					24	to					24	to				
25	to					25	to					25	to				
26	to					26	to					26	to				
27	to					27	to					27	to				
28	to					28	to					28	to				
29	to					29	to					29	to				
30	to					30	to					30	to				
31	to					31	to					31	to				
Total Units						Total Units						Total Units					
Unit Cost			X $			Unit Cost			X $			Unit Cost			X $		
Total Cost for Child #1						Total Cost for Child #2						Total Cost for Child #3					

I certify these hours of care are correct and are for service approved by the Department of Human Services and/or PROMISE JOBS Program and that I am not charging more than I do a private individual.

Parent/Responsible Adult's signature		Date	
Provider Signature	Provider #	Phone #	Date

"For local office use only:"

Total Cost for the Month $	Approval	Date