

<div>Provider Name</div> <div>Address</div> <div>City, State Zip</div>	<div>KT number</div>
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Dear Provider:

Our office has received your *Child Care Assistance Billing/Attendance* form(s).

If you have questions or need assistance completing your billing/attendance forms, you may call our office at the number listed below.

Sincerely,

Worker
HHS CCA Payments & Registration
2309 Euclid Ave
Des Moines, IA 50310
(866) 448-4605
crsacca@hhs.iowa.gov

Enclosures