IOWA HHS

Iowa Department of Health and Human Services
Foster Care Reimbursement
Request for Child Care Assistance Gap Funding

Iowa law allows child care providers to charge families the difference between the state Child Care Assistance (CCA) reimbursement rate and the rate the provider would typically charge a private-pay family. Additionally, a provider may charge families for absence days beyond what the CCA program will pay for (currently 6 days per month) if that is their standard practice for private-pay families. If a child care provider charges families using the CCA program an amount above their co-pay the child care provider must provide this in writing and the family must agree in writing to these additional charges, prior to providing the child care services.

Instructions: Foster parents who have been charged amounts beyond what CCA will pay or absence days beyond 6 per month may submit those expenses for reimbursement by completing the attached form AND attaching a copy of the written agreement between the provider and family regarding the additional charges. Each foster child will need their own separate request completed to be reimbursed. Please send your request with documentation to fc-ccagap@dhs.state.ia.us.

If you have any questions please contact Nancy Swanson, Foster Care Program Manager at nswanso@dhs.state.ia.us.

Foster Parent(s) Name:

Foster Child Name:

Child Care Program/Provider Name:

Child Care Provider ID (KinderTrack Number) if applicable:

CCA Billing Period (Please use the same 2-week billing periods as the CCA program)	CCA Amount Paid (completed by Child Care Provider)	Additional amount charged to the family (difference between CCA payment and private pay rate)	Additional amount charged to the family (absent days beyond 6 per month)
e.g. 8/21/23-09/03/23	$200.50	$	$
	$	$	$
	$	$	$
	$	$	$
	$	$	$
	$0.00	$0.00	$0.00
	Reimbursement Amount:	**$0.00**	

Attestation

By signing my name, I confirm that the above information is accurate.

Child Care Provider Signature	Date
Foster Parent Signature	Date