



## Participant Childcare Expense Reimbursement Request and Childcare Log

Participant Name: \_\_\_\_\_ ASSET PIN: \_\_\_\_\_

Service Participating In: \_\_\_\_\_

For the Month of: \_\_\_\_\_ Year: \_\_\_\_\_

Child or dependent care reimbursement rate is reimbursed using the Wisconsin Department of Children and Families Child Care Subsidy Maximum Rates. Milwaukee County rates are shown on page 12 using the following link:

<https://dcf.wisconsin.gov/files/wishares/pdf/max-rates-statewide.pdf>

### CHILDCARE

Hours on attached  
log(s): \_\_\_\_\_

_____	X rate \$	_____	= \$	_____	(Child 1)
_____	X rate \$	_____	= \$	_____	(Child 2)
_____	X rate \$	_____	= \$	_____	(Child 3)
_____	X rate \$	_____	= \$	_____	(Child 4)

Childcare Total: \$ \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Career Planner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Participant Childcare Expense Reimbursement Request and Childcare Log

Participant Name: \_\_\_\_\_

### Care Provider

Name:
Street Address:
City, State, Zip:
Phone #:
SS or FEIN #:

### Child

Name	Age
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Timesheet for the month of: \_\_\_\_\_ Year: \_\_\_\_\_

Day	Date	Start Time	Stop Time	# of Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

NOTE: You must submit this reimbursement request and any receipts no later than 10 business days from the last expense date identified on this form.

NOTE: A Monthly Attendance Record MUST be submitted for each month you submit a Childcare Reimbursement request.

Total # of Hours: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Career Planner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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