



Rhode Island Department of Human Services  
 Office of Child Care  
 25 Howard Avenue, LP Bldg. 3<sup>rd</sup> Floor  
 Cranston, R.I. 02920  
 (401) 462-6877

**Child Care Assistance Program (CCAP) Provider  
 Authorization for CCAP Payment During a Child’s Absence**

DHS allows CCHAP providers to receive payment for up to five (5) days per month during which an eligible CCAP child is absent and the parent authorizes payment.

By completing the form below, you are authorizing DHS to provide payment to your child care provider during your child’s absence from the program and you agree not to enroll your child with another child care provider during this time.

**If you wish to take your child to another CCAP provider during this time, please do NOT submit this form, as DHS will not issue payment to more than one provider for the same hours of care.**

<b>Provider ID:</b>	
<b>Provider Name:</b>	
<b>Week of Vacation/Closure:</b>	
<b>Parent Name:</b>	
<b>Certificate Number:</b>	
<b>Child(ren)’s Name(s):</b>	
<b>Reason for Absence:</b>	

*I certify that the information reported on this form is true and accurate. The child care provider must include this form with their billing invoice in order for DHS to issue payment. No CCAP payment shall be made for absences once the five (5) days/month allowable limit has been reached.*

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Provider**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Provider Printed Name**

\_\_\_\_\_  
**Position/Title**

Please complete this form and upload this form with the billing invoice or submit via email or mail to:  
[DHS.ChildCare@dhs.ri.gov](mailto:DHS.ChildCare@dhs.ri.gov) or DHS Office of Child Care, 25 Howard Avenue, LP Bldg. 3rd Floor, Cranston RI 02920