Shingle Springs Tribal TANF Program

Child Care Time Sheet

Timesheets are due with the MER by the 10th of the month.

Participant Name_____

Child Name_____ AGE____

Month/year_____ CIF_____

Week One			Week Two			Week Three			Week Four			Week Five		
Day	Date	Total Hours	Day	Date	Total Hours	Day	Date	Total Hours	Day	Date	Total Hours	Day	Date	Total Hours
SUN			SUN			SUN			SUN			SUN		
MON			MON			MON			MON			MON		
TUES			TUES			TUES			TUES			TUES		
WED			WED			WED			WED			WED		
THUR			THUR			THUR			THUR			THUR		
FRI			FRI			FRI			FRI			FRI		
SAT			SAT			SAT			SAT			SAT		

Child Care Provider

Please check the appropriate box that applies to you.

- ☐ Child Care Center
- ☐ Licensed Provider
- ☐ Non-Licensed Relative

Child Care Provider Signature_____

Date_____

Participant Signature

Child Care hours submitted for payment will be compared to the participant's Family Wellness Plan for approved hours. Inaccurate or fraudulent child care time sheets may result in non-payment and/or fraud referral.

Participant Signature_____

Date_____

Office USE ONLY

Rate_____X_____ Hrs= _____

Rate_____X_____ Day(s)= _____

Rate_____X_____ Wk(s)= _____

Rate_____X_____ MO= _____

Total Reimbursement $_____