



FAA Child Care Subsidy Program (CCSP) Monthly Invoice Form

SECTION A – EMPLOYEE (Parent) & CHILD CARE PROVIDER INFORMATION

Parent's First Name Last Name

Parent's LOB Code Invoice Month Invoice Year

Name of child care provider (individual name if you are not a business)

SECTION B - CHILDREN INFORMATION

Please list each child of the FAA employee listed above on line 3, for whom child care services were provided by the child care provider listed above on line 5. You may list up to 4 children on the same invoice as long as all of the children were cared for by the same child care provider.

Child 1 First Name	<input type="text"/>	Last Name	<input type="text"/>	Age	<input type="text"/>
Child 2 First Name	<input type="text"/>	Last Name	<input type="text"/>	Age	<input type="text"/>
Child 3 First Name	<input type="text"/>	Last Name	<input type="text"/>	Age	<input type="text"/>
Child 4 First Name	<input type="text"/>	Last Name	<input type="text"/>	Age	<input type="text"/>

SECTION C - CHILD CARE SERVICES WEEKLY COST & TOTAL MONTHLY COST

Please indicate the total child care charges for services rendered each week during the month. Each week is from Monday to Friday. Please look at a calendar each month, and count the number of Fridays in the month. The week ending date should always be on a Friday. Most months will have 4 Fridays or 4 weeks. A few months will have 5 weeks. **Please do not put different months on the same invoice.**

	MM/DD/YYYY	Child 1 Care Cost	Child 2 Care Cost	Child 3 Care Cost	Child 4 Care Cost	Total Weekly Care Cost
Week 1 End Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Week 2 End Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Week 3 End Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Week 4 End Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Week 5 End Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Child Care Charges for the Month						<input type="text"/>

SECTION D - EMPLOYEE (Parent) CERTIFICATION

I certify and affirm that the above information is true and complete to the best of my knowledge. I certify that I am an active full-time permanent employee of the Federal Aviation Administration (FAA) and my total family income or adjusted gross income (including my spouse's income) does not exceed \$100,000 per year. I certify that I am the parent and / or legal guardian of each child listed above. I certify and affirm that each child listed above is under the age of 13 (under the age of 18 or if my child is disabled), and was cared for by the child care provider listed above, and I do confirm each child's attendance as indicated above.

I understand that if I make a false statement, it is a violation of federal law and I may be subject to criminal and / or civil penalties as allowed by law. In addition, I further understand that if I make false statements or misrepresentations on this form, I may be subject to criminal prosecution and punishment.

Signature of Parent/Guardian Date Signed

SECTION E - CHILD CARE PROVIDER CERTIFICATION

I certify and affirm that I have the legal authority to sign on behalf of the child care facility listed above, or I am an individual providing child care services. I further certify and affirm that the above information is true and complete to the best of my knowledge. I certify that I (we) am (are) a licensed or regulated child care provider; or I am an eligible child care provider pursuant to requirements of my state. I certify and affirm that I have disclosed to Cherokee Nation Federal Consulting all other child care subsidies or child care benefits I (we) am (are) receiving, from any other sources, for any of the children listed above. I verify and confirm that each child listed above did attend my facility (or home), and I (we) did provide child care services for each child listed above.

I understand that if I make a false statement, it is a violation of federal law and I may be subject to criminal and / or civil penalties as allowed by law. In addition, I further understand that if I make false statements or misrepresentations on this form, I may be subject to criminal prosecution and punishment, including repayment of any subsidies received, fines or imprisonment.

Signer's Printed Name	Signature	Title	Date Signed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>