

CHILD DEVELOPMENT AND CARE  
 STE 1512  
 PO BOX 30037  
 LANSING MI 48909

Date: 12/16/2010

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**STATE OF MICHIGAN**  
**Department of Human Services**

If you do not understand this, call a DHS office in your area.  
 DHS employees are prohibited by law from providing legal advice.  
 Si usted no entiende esto, llame a una oficina de DHS en su área.  
 La ley prohíbe a los empleados de DHS proporcionar asesoría legal.  
 إذا واجهت صعوبة في فهم هذا الطلب، فاتصل بمكتب DHS الموجود في منطقتك.  
 يحرم القانون على موظفي DHS إعطاء النصيحة القانونية.

FIRST M LAST  
 APT AA  
 235 S GRAND AVE  
 LANSING MI 49548

**CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS**

Voucher	BFI11111	Voucher Date	12/16/2010	Provider ID Number	1111111
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If you have questions or concerns about this statement, please contact the Central Reconciliation Unit at 1-866-990-3227.

If you are an Aide or Relative Care Provider and you have recently moved, please remember you are required to report your change of address to the DHS office in your area within 10 days. Failure to do so may result in termination of provider enrollment.

Pay Period	Hours Auth	Hours Bill	Hours Paid	DP%	Maximum Rate	Amount Paid	Error Description
<b>Child's Name :</b> First1 Middle1 Last1 25 (11/21/2010 - 12/04/2010)	75	37	37	95%	\$ 1.60	\$ 56.24	<b>Case No.:</b> 100952124 <b>Child's ID No.:</b> 11111112
<b>Child's Name :</b> First2 Middle2 Last2 25 (11/21/2010 - 12/04/2010)	75	85	75	95%	\$ 1.60	\$ 114.00	<b>Case No.:</b> 100952124 <b>Child's ID No.:</b> 11111113 Hours billed greater than authorized

Gross Total DHS Pay:	\$ 170.24
Recoupment Amt:	\$ 0.00
Total Union Dues / Service fees:	\$ 1.96
Net Total DHS Pay:	\$ 168.28

If this statement includes a pay period for which you have already received payment, your payment may have been increased due to a change in your provider rate or a change in the Departmental Pay % (DP%) for previously billed pay periods.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



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Pay Period	Hours			DP%	Maximum Amount		Error Description
	Auth	Bill	Paid		Rate	Paid	

The DP% is based upon the client's eligibility and may change if the client's circumstances change.

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