

Infant & Toddler Early Intervention Program

Part C of IDEA

Michigan Department of Lifelong Education,

Advancement, and Potential

Office of Early Education



REQUEST FOR CHILD CARE REIMBURSEMENT

Parent’s Name: _____

Email: _____ Phone: _____

Address: _____

City/State/Zip: _____

Rates for child care expenses

Rates are based on actual child care expenses, up to a maximum of \$60/day. If your child care expenses will exceed the \$60/day limit, please contact Barb Schinderle at schinderleb@michigan.gov. Anticipated exceptions need prior approval.

Child’s (s) Name: _____

Child’s (s) date of birth: _____ Date of Service Rendered: _____

Child care expense: _____

Hours of care provided: _____ Rate per hour: _____

Name of child care provider: _____

Provider’s address: _____

IT IS HEREBY CERTIFIED THAT I HAVE BEEN PAID FOR THE SERVICES AND CHARGES AS DESCRIBED ABOVE.

Provider’s signature: _____ Date: _____

I AM REQUESTING REIMBURSEMENT FOR THE EXPENSES LISTED ABOVE.

(Reimbursement checks are sent to the parent, who is responsible for paying the provider.)

Parent’s signature: _____ Date: _____

Email completed form to Barb Schinderle at schinderleb@michigan.gov.

Authorization: (MiLEAP) _____ (The Arc) _____

Amount approved: _____ Amount disapproved: _____ Date: _____

Exception requested: _____ Reason for exception: _____

Parent contact needed _____

Date paid: _____ Check#: _____ Account#: _____