



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
OFFICE OF CHILDHOOD-CHILDHOOD FINANCE

REQUEST FOR SUPPLEMENTAL PAYMENT

<b>CHILD INFORMATION</b>				
CHILD NAME:	CHILD DOB:	<input type="checkbox"/> INFANT <input type="checkbox"/> PRESCHOOL <input type="checkbox"/> SCHOOL AGE	CHILD DCN:	SERVICE MONTH:
<b>PROVIDER INFORMATION</b>				
CHILD CARE PROVIDER NAME:	COUNTY:	FACILITY TYPE:	RATE DIFFERENTIALS: <input type="checkbox"/> ACCREDITATION <input type="checkbox"/> DISPROPORTIONATE <input type="checkbox"/> SPECIAL NEEDS	CHILD CARE PROVIDER DVN:
<b>PARENT INFORMATION</b>				
PARENT/RESOURCE PARENT NAME:	CHILD AUTHORIZATION:	TRANSITIONAL CHILD CARE:	PARENT DCN OR RESOURCE PARENT DVN:	
<input type="checkbox"/> DIRECT PAYMENT <input type="checkbox"/> REIMBURSEMENT		SUPPLEMENTAL PAYMENT AMOUNT:		
	FULL	HALF	PART	
SLIDING FEE AMOUNT:	0	0	0	
UNITS OF CARE	DAY	STATE BASE RATE	E/W	STATE BASE RATE
FULL				
HALF				
PART				
SUPPORTING DOCUMENTATION ATTACHED:	<input type="checkbox"/> ATTENDANCE RECORDS (REQUIRED) – ORIGINAL FOR ONLINE PROVIDERS <input type="checkbox"/> ALL EMAILS/WRITTEN CORRESPONDENCE SUPPORTING PAYMENT <input type="checkbox"/> ALL CASE /SYSTEM NOTES SUPPORTING PAYMENT <input type="checkbox"/> OTHER: _____			
SIGNATURE OF STAFF REQUESTING SUPPLEMENTAL PAYMENT			DATE	
SIGNATURE OF SUPERVISOR APPROVING REQUEST FOR SUPPLEMENTAL PAYMENT			DATE	
SIGNATURE OF DESE STAFF REVIEWING AND ENTERING SUPPLEMENTAL PAYMENT		<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		DATE

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