**Remittance Slip**

**Voluntary Inclusive Birth to 3 Child Care Pilot Repayment**

**Use of form:** Use of this form is voluntary. It is used by providers to return funds received from the Inclusive Birth to 3 Child Care Pilot*.* Funds may have been received in error or they may be funds for a child leaving the provider early. Funds returned to DCF in error are not required to be repaid to providers.

**Instructions**: Include this completed form along with your repayment.

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| --- | --- |
| **LICENSEE / PROVIDER INFORMATION** | |
| Name | Telephone Number |
| Address | |
| Email Address | |
| **FACILITY / PROGRAM INFORMATION** | |
| Provider / Location Number | | |
| Month and Year of Subsidy Received | | |
| **CHILD’S INFORMATION** | | |
| Child Name | | |
| Child Date of Birth | | |
| **PAYMENT INFORMATION** | |
| Reason for Repayment:  Authorization Error  Other (please explain): | |
| Date Repayment Submitted | |
| Total Amount of Repayment  $ | |
| **SUBMISSION INFORMATION** | |
| Make check payable to WI DCF | |
| Submit your payment along with this completed remittance slip to:  **Bureau of Child Care Subsidy Administration**  **Attention: Operations Program Associate**  **PO Box 8916**  **Madison, WI 53708-8916** | |