



**Wisconsin Department of Children & Families**

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# **Wisconsin Shares Child Care Assistance Manual: Appendix**



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## Qualified Employer Verification Steps

The following are suggested for use when an employer's status as "Qualified" is questionable:

Item	How Provided	Verification	Action if not provided	Comment
Employer must have a federal employer tax identification number (FEIN)	Employer or applicant supplies the number	If number is present in SUITES for that employer, consider confirmed. Alternately, employer provides copy of federal form	Allow short-term authorization while waiting for number or proof that number has been applied for. Obtain actual number by reauthorization.	Only verify when parent is new applicant for child care or this is a new employer, or if the case or employer becomes part of a Program Integrity Review.
Employer has a Worker's Compensation insurance policy for its employees		Query the Worker's Compensation Division web site listing employers with current policies. <a href="http://www.dwd.state.wi.us/wc/workers/select.asp">http://www.dwd.state.wi.us/wc/workers/select.asp</a> If the employer is not on the list, ask if they are a sub-unit of another corporation. If you still cannot find the employer, call the Worker's Compensation Division at 608.267.0925. (There are very limited exemptions to this requirement, mostly relating to paying less than \$500 in aggregate wages per calendar quarter. Check with the Child Care Help Desk or Worker's Compensation if the employer claims an exemption.)	If no policy or information is missing, offer a short term authorization while waiting for the employer to obtain the required policy	Only verify when parent is new applicant for child care or this is a new employer, or if the case or employer becomes part of a Program Integrity Review.
Employer must comply with Wisconsin minimum wage law for all employees	The hours and pay proposed for the child care applicant meets minimum wage requirements.	Usual employment verification	If the job does not pay minimum wage, it is not an eligible activity for Wisconsin Shares purposes.	
Employer must file a New Hire report on the employee within thirty days of the hiring date.	Employer reports to DWD.	Query DXNH in CARES with the case number. If the hire appears in the screen, the criteria have been met	If the hire has not appeared in DXNH, provide a short-term authorization—up to 30 days—to allow the employer to make this mandatory report. Re-check DXNH before reauthorizing.	Only verify when parent is new applicant for child care or this is a new employer, or if the case or employer becomes part of a Program Integrity Review.
Employer must	Employer	Query UI database by	If it is a new hire,	If the employer is a



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report wages to Unemployment Insurance unless exempt	reports to DWD	SSN to see if participant's wages have been timely reported to UI and reflect the wages used to calculate income for eligibility purposes and hours employed for authorization purposes.	there will be no wages in UI for the employee. Re-check when next report is due—1 month and 20 days after the calendar quarter closes. If not a new hire, provide a short-term authorization—up to 30 days—to allow the employer to make the mandatory report. End authorization and refer employer to Child Care Section for UI audit if employer remains out of compliance.	church, they will be exempt from UI reporting.  Verify this item when a person starts a new job and at every reauthorization of if the case or employer becomes part of a Program Integrity Review.
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## Kinship Care Relative Income Eligibility & Copayment Type Chart

Applicant is a Kinship Care Relative (see Definition of Kinship Care Relative)?	Court Order for Placement (includes all types of guardianship court orders for physical care of the child)	Kinship Care Benefits Being Paid <u>or</u> Approved for Kinship Care Benefits but on a waiting list?	Income Used to Calculate Financial Eligibility	Co-Pay Type
Yes	Yes	Yes	Child's natural or adoptive families' gross income at the time of placement; if the natural or adoptive parent is a minor use the income of the AG that the minor is a member of (example: the minor's parent's AG).	KIN (zero co-pay)
Yes	Yes	No	Kinship Care Relative	KIN (zero co-pay)
Yes	No	Yes	Kinship Care Relative	NCK (minimal co-pay)
Yes	No	No	Kinship Care Relative	NCK (minimal co-pay)



## Manual Rate Calculations

### Enrollment Based Pay for Licensed Care Providers

Follow these instructions to complete the Enrollment Based Payments to Licensed Care Providers Worksheet:

1. Multiply the number of hours authorized by the agency hourly rate for the category of the provider and age of the child. This is the Beginning Reimbursement Rate.
2. Compare the Beginning Reimbursement Rate to the Weekly Ceiling and the Provider's Reported Weekly Price. Choose the lowest of these three amounts to be the Lowest Weekly Amount. Do this for each child being authorized for care.
3. Add up each of the Lowest Weekly Amounts to determine the Full Weekly Amount.
4. Determine the amount of co-pay: The Standard Family Co-payment is the co-pay based on the family size, income, number of children in care, and type of care found using the Child Care Co-pay Schedule or table TCCP in CARES or on the web at <http://dcf.wisconsin.gov/childcare/wishares/default.htm>

The Adjusted Family Co-payment is the co-pay used based upon the co-pay type (zero dollar, minimum or differential).

If payment is for one child and authorized to a single provider, the Adjusted Agency Payment (the full weekly amount, minus the standard or adjusted co-pay) is the amount to be authorized.

5. When more than one child is authorized and/or more than one provider is used, the co-payment is prorated over each child and/or each provider: Divide the Lowest Weekly Amount for each child by the Full Weekly Amount to find the percentage of the full cost.
6. Multiply this percentage by the Adjusted Agency Payment to determine the Weekly Enrollment Payment.

The adjusted agency payment is the full weekly amount, minus the standard, adjusted or part-time family co-payment amount. (The part-time co-pay is calculated dividing the standard or adjusted family co-payment in half, if the child's total number of authorized hours is 20 or less for the authorization period.)



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This Weekly Enrollment Payment is the weekly amount that will be authorized on enrollment up to the maximum amount of hours authorized.

## CHILD CARE PAYMENT WORKSHEET FOR ENROLLMENT BASED PAYMENTS TO LICENSED CHILD CARE PROVIDERS

Parent's Name	CARES Number	Date
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Child's Name	Provider Type	Hours Auth.	X	Agency Hourly Rate	Beginning Reimbursement Rate	Weekly Ceiling	Provider's Reported Weekly Price	Lowest Weekly Amount*
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
<b>FULL WEEKLY AMOUNT</b>								

\*Compare the Beginning Reimbursement Rate to the Local Agency Weekly Ceiling and the Provider's Reported Weekly Rate. Enter the lowest of these three amounts in the lowest weekly amount space. Add each of the Lowest Weekly Amounts to determine the Full Weekly Amount.

**Determine the Standard Family Co-payment from the Child Care Co-pay Schedule and the Adjusted Family Co-payment due to the co-pay type (\$0, minimum or differential).**

Full Weekly Amount	Standard Family Co-payment	Adjusted Family Co-payment

**Divide the Lowest Weekly Amount for each child by the full weekly amount. This percentage for each child is then multiplied by the adjusted agency payment. This result is the weekly payment that can be authorized on enrollment for each child.**

Child's Name	Lowest Weekly Amount	/	Full Weekly Amount	=	Percentage of Full Cost	X	Adjusted Agency Payment**	=	Weekly Enrollment Payment
		/		=		X		=	



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		/		=		X		=	
		/		=		X		=	
		/		=		X		=	
		/		=		X		=	
		/		=		X		=	

\*\*Adjusted Agency Payment is the Full Weekly Amount, minus the standard, adjusted or part time family co-payment amount. The part time co-pay is calculated by dividing the standard or adjusted co-payment in half for each child whose total number of authorized hours is 20 hours or less for an authorization period.

DES-11562 (R. 01/2000) **RETAIN COMPLETED FORM IN CLIENT FILE**

## Attendance Based Pay for Licensed Care Providers

Follow these instructions to complete the Attendance Based Licensed Care Provider Payments to Licensed Care Providers Worksheet:

1. Multiply the number of hours authorized up to the county divisor by the agency hourly rate increased by 10% (to reflect Administrative Rule DWD 56.04 (4)(d)(3)) for the category of the provider and age of the child. This is the Beginning Reimbursement Rate.
2. Compare the Beginning Reimbursement Rate to the Agency Weekly Ceiling increased by 10% (same reason as #1) and the Provider's Reported Weekly Price. Choose the lowest of these three amounts to be the Lowest Weekly Amount.

Do this for each child being authorized for care.

3. Add up each of the Lowest Weekly Amounts to determine the Full Weekly Amount.
4. Determine the amount of co-pay: The standard family co-payment is the co-pay based on the family size, income, number of children in care, and type of care found using the Child Care Co-pay Schedule or table TCCP in CARES.

The Adjusted Family Co-payment is the co-pay used based upon the co-pay type (zero dollar, minimum or differential).

5. Divide the Lowest Weekly Amount for each child by the Full Weekly Amount to find the percentage of the full cost.



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6. Multiply this percentage by the Adjusted Agency Payment to determine the Weekly Payment.

The Adjusted Agency Payment is the Full Weekly Amount, minus the Standard, Adjusted or Part-Time Amount. (The part-time co-payment is calculated by dividing the Standard or Adjusted Co-payment in half for each child whose total number of authorized hours is 20 hours or less for an authorization period).

7. Divide the Weekly Payment by the number of authorized hours. This is the final authorized hourly amount.

Authorizations to licensed providers can be based on attendance, if the agency has had three separate instances in which the provider has over-reported attendance.

**Because payment is authorized on attendance to a licensed provider, it is expected the number of hours of actual attendance will vary from very low usage to the maximum number of hours authorized. 35 hours is the standard divisor. 35 hours multiplied by the hourly rate equals the county weekly maximum rate. The maximum weekly rate is the maximum payment a licensed provider can be paid for care of up to 50 hours a week. So, the maximum number of hours a licensed provider can be authorized for an attendance-based authorization is 35 hours per week. If a family needs more than 50 hours of care, additional hours can be authorized for that week.**

Full time authorizations are 35 to 50 hours per week. The hourly rate for care is determined by dividing the full weekly rate by 35 hours. This hourly rate will be used to calculate part-time authorizations.

Authorizations with less than 35 hours are part time.

Example: Laura is eligible for child care and has a 35 hour per week authorization for her daughter Linda. Laura's work schedule is widely varying, so her daughter's authorization is attendance based.

For the month of December, Laura's employer has asked her to work 55 hours a week. Since Laura needs an additional 5 hours a week for transportation, she needs 60 hours of care for her daughter each week in December. Since full time is 35 hours per week up to 50 hours, one authorization is made for 35 hours and a second authorization is established for 10 hour (the amount in excess of 50 hours) for her daughter Linda.



**CHILD CARE PAYMENT WORKSHEET**

**FOR ATTENDANCE BASED PAYMENTS TO LICENSED CHILD CARE PROVIDERS**

Parent Name

CARES Number

Date

Child Name	Provider Type	Hours Auth.	X	Agency Hourly Rate (+10%)	Beginning Reimburs Rate	Weekly Ceiling (+10%)	Providers Reported Weekly Price	Lowest Weekly Amount*
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
<b>FULL WEEKLY AMOUNT</b>								

\*Compare the Beginning Reimbursement Rate to the Local Agency Weekly Ceiling (increased by 10%) and the Provider's Reported Weekly Rate. Enter the lowest of these three amounts in the lowest weekly amount space. Add each of the Lowest Weekly Amounts to determine the Full Weekly Amount. Determine the Standard Family Co-payment from the Child Care Co-pay Schedule and the Adjusted Family Co-payment due to the co-pay type (\$0, minimum or differential).

Full Weekly Amount	Standard Family Co-payment	Adjusted Family Co-payment

Divide the Lowest Weekly Amount for each child by the full weekly amount. This percentage for each child is then multiplied by the adjusted agency payment. This is the weekly payment used for the calculation to determine the hourly amount. This amount must be divided by either the number of hours of care that have been authorized for the child or the number of hours used to divide the



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Weekly Ceiling for that type of provider into an hourly rate. Use whichever number is less. This hourly amount is the amount that will be paid for the actual hours of attendance up to the local agency weekly ceiling which has been increased by 10%.

Child Name	Lowest Weekly Amount	/	Full Weekly Amount	=	% of Full Cost	X	Adjusted Agency Payment **	=	Weekly Pay	/	Hours Auth. or Divisor Used	=	Final Hourly Rate
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	

\*\*The Adjusted Agency Payment is the Full Weekly Amount, minus the standard, adjusted or part time co-payment amount. The part time co-payment is calculated by dividing the standard or adjusted co-payment in half for each child whose total number of authorized hours is 20 hours or less for an authorization period.

DES-11561 (R. 09/2001) RETAIN COMPLETED FORM IN CLIENT FILE



## **Payments to Accredited Licensed Providers For Payments to Accredited Licensed Child Care Providers,**

complete the following steps:

Multiply the hours authorized by the agency hourly rate for the category of the provider and age of the child. If this is an attendance-based authorization, the maximum number of hours that can be authorized is the county divisor. The agency hourly rate is increased ten percent to reflect the Administrative Rule DWD 56.06 (3) (b). This is the Beginning Reimbursement Rate.

Compare the Beginning Reimbursement Rate to the agency's weekly maximum rate, plus 10% and to the Providers' Reported Weekly Price. The lowest of these three amounts is the Lowest Weekly Amount. Do this for each child being authorized for care.

Add up each of the Lowest Weekly Amounts to determine the Full Weekly Amount.

Determine the amount of co-pay: The Standard Family Co-payment is the co-pay based on the family size, income, number of children in care, and type of care found using the Child Care Co-pay Schedule or table TCCP in CARES.

The Adjusted Family Co-payment is the co-pay used based upon the co-pay type (zero dollar, minimum or differential).

If the payment is for one child based on enrollment to a single provider, the Adjusted Agency Payment is the amount to be authorized (the full weekly amount, minus the standard or adjusted co-pay).

If payment is for more than one child and/or more than one provider or if payment is based on attendance, divide the Lowest Weekly Amount for each child by the Full Weekly Amount to find the percentage of the full cost.

Multiply this percentage by the Adjusted Agency Payment to determine the Weekly Payment.



The Adjusted Agency Payment is the Full Weekly Amount, minus the Standard, Adjusted or Part-Time Amount. (The part-time co-payment is calculated by dividing the Standard or Adjusted Co-payment in half for each child whose total number of authorized hours is 20 hours or less for an authorization period. If payment is based on enrollment, this weekly payment is the amount to be authorized up to a maximum of the number of hours authorized.

If payment is based on attendance, divide the weekly payment by number of authorized hours. This is the final authorized hourly amount.

Because payment is authorized on attendance to a licensed provider, it is expected the number of hours of actual attendance will vary from very low usage to the maximum number of hours authorized. Authorizations to licensed providers can be based on attendance, if the agency has had three separate verified instances in which the provider has over-reported attendance. By choosing the lesser of the number of hours authorized or the divisor used to determine the licensed day care hourly price, the authorized hourly amount is increased to the greatest amount possible to cover the costs of part time care. The authorized hourly rate of payment has been increased to cover lesser periods of attendance. A maximum number of hours must be established in order to assure an overpayment is not made to the provider. Remember, the maximum number of hours for attendance based authorizations is the county divisor, because the county divisor multiplied by the county's hourly rate is equal to the weekly maximum rate for that county.

The intention of this policy is to allow greater payment to licensed providers for minimal periods of time without exceeding appropriate levels of payment for full expected usage. In addition, this policy allows over-payments to be collected from providers who over-report.



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Payments to Accredited Licensed Care Providers (cont.)  
**CHILD CARE PAYMENT WORKSHEET**  
**FOR ACCREDITED LICENSED CHILD CARE PROVIDERS**

Parent Name	CARES Number	Date
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Child Name	Provider Type	Hours Auth.	X	Agency Hourly Rate (+ 10%)	Beginning Reimburse. Rate	Weekly Ceiling (+10%)	Providers Reported Weekly Price	Lowest Weekly Amount*
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
	G or F		X					
<b>FULL WEEKLY AMOUNT</b>								

\*Compare the Beginning Reimbursement Rate to the Local Agency Weekly Ceiling (increased by 10%) and the Providers Reported Weekly Rate. Enter the lowest of these three amounts in the lowest weekly amount space. Add each of the Lowest Weekly Amounts to determine the Full Weekly Amount. Determine the Standard Family Co-payment from the Child Care Co-pay Schedule and the Adjusted Family Co-payment due to the co-pay type (\$0, minimum or differential).

Full Weekly Amount	Standard Family Co-payment	Adjusted Family Co-payment

Divide the Lowest Weekly Amount for each child by the full weekly amount. This percentage for each child is then multiplied by the adjusted agency payment. This result is the weekly payment that can be authorized on enrollment for each child.

If payment is based upon attendance, this amount must be divided by either the number of hours of care authorized for the child or the number of hours used to divide the Weekly Ceiling for that type of provider into an hourly rate. Use whichever number is less. This hourly amount is the amount paid for the actual hours of attendance up to the local agency weekly ceiling which has been increased by 10%.



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Child Name	Lowest Weekly Amount	/	Full Weekly Amount	=	% of Full Cost	X	Adjusted Agency Payment **	=	Weekly Pay	/	Hours Auth. or Divisor Used	=	Final Hourly Rate
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	

\*\*The Adjusted Agency Payment is the Full Weekly Amount, minus the standard, adjusted or part time co-payment amount. The part time co-payment is calculated by dividing the standard or adjusted co-payment amount in half for each child whose total number of authorized hours is 20 hours or less for an authorization period.

DES-11559 (R. 09/2001) RETAIN COMPLETED FORM IN CLIENT FILE

### Payments to Certified Providers

For payments reimbursed to certified providers, complete the following steps:  
 Multiply the number of authorized hours by the agency hourly rate for the category of provider and age of the child.

Compare the beginning reimbursement rate to the agency's weekly maximum rate for licensed family providers for the age of the child. The lesser of these two amounts is the lowest weekly amount. Do this for each child being authorized for care.

Add up each of the lowest weekly amounts to determine the full weekly amount. Determine the amount of co-pay: The standard family co-payment is the co-pay based on the family size, income, number of children in care, and type of care found using the child care co-pay schedule or table TCCP in CARES.

The adjusted family co-payment is the co-pay used based upon the co-pay type (zero dollar, minimum or differential).

Divide the lowest weekly rate for each child by the full weekly amount to find the percentage of the full cost.

Multiply the percentage by the Adjusted Agency Payment for each child to find the weekly payment.

The Adjusted Agency Payment is the full weekly amount, minus the standard, adjusted or part-time family co-payment amount. (The part-time co-pay is calculated by dividing the standard or adjusted family co-payment in half, if the child's total number of authorized hours is 20 or less for the authorization period)



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Divide the weekly payment by the number of hours of care authorized to determine an hourly rate of payment.

This hourly payment rate is what is authorized on attendance based payment up to a maximum of the number of hours authorized.



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## CHILD CARE PAYMENT WORKSHEET FOR CERTIFIED AND ACCREDITED CERTIFIED CHILD CARE PROVIDERS

Parent Name	CARES Number	Date
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Child Name	Provider Type	Hours Auth.	X	Agency Hourly Rate*	Beginning Reimburse . Rate	LFAM Weekly Ceiling*	Lower Weekly Amount**
	R or P		X				
	R or P		X				
	R or P		X				
	R or P		X				
	R or P		X				
	R or P		X				
<b>FULL WEEKLY AMOUNT</b>							

\*If the certified provider is accredited, increase the agency hourly rate and the LFAM Weekly Ceiling by 10%. Follow all other instructions.

\*\*Compare the Beginning Reimbursement Rate to the LFAM Weekly Ceiling. Enter the lower of these two amounts in the Lower Weekly Amount space. Add each of the Lower Weekly Amounts to determine the Full Weekly Amount. Determine the Standard Family Co-payment from the Child Care Co-pay Schedule and the Adjusted Family Co-payment due to the co-pay type (\$0, minimum or differential).

Full Weekly Amount	Standard Family Co-payment	Adjusted Family Co-payment

Divide the Lower Weekly Amount for each child by the full weekly amount. This percentage for each child is then multiplied by the adjusted agency payment. This is the weekly payment used for the calculation to determine the hourly amount. This amount must be divided by the number of hours of care authorized for the child. This hourly amount is the amount that will be paid for the actual hours of attendance up to the maximum number of hours authorized.



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Child Name	Lower Weekly Amount	/	Full Weekly Amount	=	% of Full Cost	X	Adjusted Agency Payment ***	=	Weekly Pay	/	Hours Auth.	=	Hourly Rate of Pay
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	
		/		=		X		=		/		=	

\*\*\*The Adjusted Agency Payment is the Full Weekly Amount, minus the standard, adjusted or part time co-payment amount. The part time co-payment is calculated by dividing the standard or adjusted co-payment amount in half for each child whose total number of authorized hours is 20 hours or less for an authorization period.

DES-11560 (R. 09/2001) RETAIN COMPLETED FORM IN CLIENT FILE



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## Co-Pay Responsibility Table

Copayment Amount	Activity	Copayment Type
\$0	Learnfare Foster Care Parent Subsidized Guardians in Mil. Co. Kinship Care Relative: Court-ordered placement or guardianship	LNF FOS FOS KIN
Lowest Level Co-pay	Teen Parent 1. School or high-school equivalency W-2 Employment Ends 1. Unsubsidized employment begins Kinship Care Relative: Non-Court ordered placement or guardianship	THS  WWE  NCK
One-Half of the Regular Co-pay Gross Monthly Income Family Size Public School provider (Milwaukee Co. only) # of Children in Care # of Hours Authorized	School age child attending a school age program at a public school setting – applies to Milwaukee Co. authorizations for more than 20 hours to MPS only.	PSP
Regular Co-payment 1. Gross Monthly Income 2. Family Size 3. # Of Children in Care	Unsubsidized Employment W-2 Employ Position FSET: 1. Job Search 2. Work Experience  Up-front Job Search 1. Orientation/Training 2. Activities Prior to Elig. Determination Participation in W-2 activities Other Employment Skills Training	REG REG REG  REG REG  REG REG
Part Time Co-pay Gross Monthly Income Family Size Type of Care Chosen # of Children in Care # of Hours Authorized	This co-payment amount applies to all activities where total numbers of authorized hours are 20 or less.	This co-payment amount applies to all co-pay types.



## Authorization Guidelines Reference

Care Type	Auth Type	Hours of Care Needed	Auth Level	Payments and Comments	
<b>L I C E N S E D</b>	Attendance Based	Part-time (PT) 20 &<	1-20	Hourly rate + 10%; needs BA rates	
		PT to Full-time 21-50	21-35	hourly +10% up to full weekly maximum rate	
		Full time Plus 51 +	Auth #1=35 hours; Auth #2=hours over 50.	full weekly maximum rate for +10% for Auth #1; hourly rate +10% for Auth #2	
	Enrollment Based	Part-time 20 &<	1-20	paid up to the authorized amount; needs BA	
		PT to Full-time 21-50	21-50		
		Full time Plus (use two auths) 51 +	Auth #1=50; Auth #2=hours over 50	Full weekly rate plus payment for second auth.	
	Zero Hour	for school age children who do not have an authorization.	0	Hourly rate	
	<b>C e r t i f i e d</b>	Attendance Based	Part-time (PT) 20 &<	1-20	Hourly rate
			PT to Full-time 21-50	21-50	Hourly rate
		Zero Hour	Full time Plus 51 +	Auth #1=50; Auth #2=hours over 50	Hourly rate
for school age children who do not have an authorization.			0	Hourly rate	