**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** |