**Remittance Slip**

**Voluntary Child Care Counts Stabilization Repayment**

**Use of form:** Use of this form is voluntary. It is used by providers to return funds received from the *Child Care Counts Payment Program*. Funds may have been received in error or they may be funds the provider is unable to spend down.

**Instructions**: Include this completed form along with your repayment. If returning funds for multiple months, the amount returned for each month and program must be indicated.

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| **LICENSEE / PROVIDER INFORMATION** |
| Name      | Telephone Number      |
| Address      |
| Email Address      |
| **FACILITY / PROGRAM INFORMATION** |
| **Program A** | Provider / Location Number      |
|  | Month and Year of Application      |
|  | Reason / Description      |
|  | Amount of Repayment$ 0.00 |
| **Program B** | Provider / Location Number      |
|  | Month and Year of Application      |
|  | Reason / Description      |
|  | Amount of Repayment$ 0.00 |
| **PAYMENT INFORMATION** |
| Date Repayment Submitted      |
| Total Amount of Repayment$ 0.00 |
| **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** |