**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** | | |