OKLAHOMA Human Services

Child Care Claim

Facility Information

Please list the phone number and email address where you may be reached.

Facility name | Phone number | Contract #

Email | Mailing address (City, state, ZIP):

Child Attendance Record

List only one child's attendance per form. **Month:** **Year:**

First name | MI | Last name | Date of birth | Case # | Person #

Reason

- ☐ Care provided in child's home
- ☐ Point of service (POS) machine not issued within 10 days of care being authorized
- ☐ Client did not swipe attendance - explain why swipes were not made electronically:
- ☐ Denied swipes
- ☐ Other, explain:

Date	Time In	Time out	Time In	Time Out

Enter any additional dates on page 2.

Signatures

I certify this child care claim is correct, and I am signing *after* care has been provided. I understand that false statements on this claim may result in prosecution.

Parent, guardian or caretaker signature | Date | Provider signature | Date

Parent signature exception:

When unable to obtain a parent's signature because the child is no longer in your care, check below.

- ☐ I made a reasonable effort to secure the signature of the client, parent, guardian, or caretaker, and was unsuccessful. I am no longer providing care for this child.

Email completed form to EBTChildCare@okdhs.org.

Date (MM/DD/YYYY)	Time In	Time out	Time In	Time Out