

PAYMENT AGREEMENT FORM

This is an agreement between, _____ and _____
(Client) (Provider)

The client named above has been approved into the Arctic Slope Native Association Child Care Assistance Program on _____ and will expire _____. The above named client is responsible for a co-payment in the amount of _____ per month and Arctic Slope Native Association Child Care Assistance Program will subsidize the approved remaining child care cost.

If, _____ owes a co-payment amount to _____ it is the **Client's responsibility to pay that portion directly to the provider.**

Childcare timesheet have to be turned in either by fax/email/ in person to the Arctic Slope Native Association Child Care Assistance Program.

In signing this document we are in agreement and full understanding of the payment process and responsibilities.

Client's signature

Date

Provider's signature

Date

ASNA Social Service Staff

Date

*** dispute payment process
See 6.4.4 of CCDF Plan