



FOSTER CARE - CHILD CARE INVOICE
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES-FOSTER CARE
 SFN 920 (3-2025)

Child Care Provider Details

Child Care Provider's Name		
Type of Provider <input type="checkbox"/> Child Care Provider <input type="checkbox"/> Licensed Foster Care Provider		
Provider Number	Telephone Number	
Street Address		
City	State	ZIP Code

Foster Care Details

Foster Care Provider's Name	
Child's Name	Age
Billing Dates From (mm/dd/yyyy): _____ To (mm/dd/yyyy): _____	
NOTE: If the child has been placed with a new foster care provider during the month and continues in child care, please bill each provider separate specific to the foster care placement dates. Please prorate the monthly or weekly rate based on foster care placement dates not to exceed the child care provider's monthly or weekly rate.	

Itemized Bill Details

Days in attendance: If hourly, indicate the number of hours per day. If daily, weekly or monthly, "x" the days in attendance.

																												Month		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Billing Method

<input type="checkbox"/> Hourly	Rate per Hour: \$ _____	x Number of Hours: _____	= \$ _____
<input type="checkbox"/> Daily	Rate per Day: \$ _____	x Number of Days: _____	= \$ _____
<input type="checkbox"/> Weekly*	Rate per Week: \$ _____	x Number of Weeks: _____	= \$ _____
<input type="checkbox"/> Semi Monthly OR <input type="checkbox"/> Monthly	Rate Semi Monthly or Monthly: _____		= \$ _____
Describe Additional Fees			Cost

*** Only one weekly rate is billable for any week that spans two months.**

TOTAL AMOUNT DUE

I certify with my signature that the information provided is correct and I understand:

- a) The child care provider must be licensed, certified, self-declared, or approved as outlined under the ND Early Child Care Licensing and CFS Licensing Unit.
- b) Child care can only be reimbursed by foster care funding if the child in care enrolled is also placed in a licensed/approved family foster home.
- c) The child in care must be charged the same rate as other children enrolled in the child care setting per an agreement, contract, annual rate, etc.
- d) The above bill provides required justification to the custodial agency indicating charges for child care expenses of the child in care.
- e) The above bill allows reimbursement to be paid to the foster care provider who in turn will pay the child care provider.

Child Care Provider's Signature	Date	Foster Care Provider's Signature	Date
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