

Indiana Child Care Provider Holiday Request Form
- 2009 only-

CCDF reimbursement can be made to all providers for up to six (6) days per calendar year for children enrolled full-time, when the center or home is closed due to a holiday.

- If you have more than one facility, there must be a form for each facility.
- The facility must have a written policy to charge all consumers for days they are closed due to a holiday,
- The child must have attendance at least one day in the 21 days preceding the holiday.
- The attendance must be recorded in your POS device before the holiday occurs.
- You can only claim future dates as holidays (for example, requests received in February for New Year's Day will not be honored).
- Do not select holidays for future years, only for 2009.

Use the space below to record your selections.

Provider Name _____ Provider ID _____

SSN or EIN _____ County _____

2009 Holiday List	
Please write the actual Month / Day you are requesting.	
1. __ __ / __ __ / <u>2 0 0 9</u>	4. __ __ / __ __ / <u>2 0 0 9</u>
2. __ __ / __ __ / <u>2 0 0 9</u>	5. __ __ / __ __ / <u>2 0 0 9</u>
3. __ __ / __ __ / <u>2 0 0 9</u>	6. __ __ / __ __ / <u>2 0 0 9</u>

If you request more than 6 holidays, the extras will be ignored.

Return the completed form by either mail or FAX. To claim January 1 as a holiday, the form must be returned by November 1, 2008.

Mailing Address

ACS-CCDF HRF
 101 West Ohio Street
 Suite 1700
 Indpls IN 46204

Fax Number

317.423.9720