

HOW TO COMPLETE A 2145

Completing the Front of the 2145

Enter the Month and Year in the top right corner.

Sacramento County Stage One Child Care - Request for Reimbursement 2145 Form COMPLETE AND MAIL THIS FORM TO: DHA, 2001 19th Street, Sacramento, CA 95818	Month/Year of Care October 2014
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* Sign child in and out of care daily using your first initial and last name OR full signature. Only enter in and out times for the hours of care child actually uses.

PARENTS – Complete the Parent Information in Section 1

- Make sure the parent(s) full name (first and last name) is entered along with a complete home address and contact phone number in case the Department of Human Assistance needs to reach you to verify any information.
- Parent Activity Information must complete with full employment name, address, and schedule. Entries such as “Work” for the Activity Name, “Watt, Sacramento CA” for the Activity Address and “Varies” for the Activity Schedule are not complete entries.
- If the second parent is in the home, also **complete the Parent 2 information** in full. If the second parent is NOT in the home, make sure the “Check here if not in the home” box shown below is checked.

Parent 2 Name (if in the home): <input type="checkbox"/> Check here if not in the home Joseph Smith	School Name: <input type="checkbox"/> Check if second parent is NOT in the home.
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PARENTS – Complete the Child Information in Section 2

- Enter the Full Name, Date of Birth, and Age of the child in each section.
- Enter the School Name, Track, and Grade if the child is in a preschool program separate from daycare, or if the child is Kindergarten thru high school.
- Complete the Travel Time each way from child care to the parent activity.

SECTION 1 AND 2 TO BE COMPLETED BY PARENT ONLY		COUNTY USE ONLY
SECTION 1 - Parent Information Parent 1 Name: Jane Smith Activity Type: <input checked="" type="checkbox"/> Employment <input type="checkbox"/> School <input type="checkbox"/> CWEX <input type="checkbox"/> Job Club Activity Name: Target Activity Address: 1256 Target Lane City, State & Zip: Sacramento, CA 95959 Activity Schedule: Mon-Sun, 3-6 days per week, between 8am-10pm (indicate days & times):	SECTION 2 - Child Information Child's Full Name: Joey Smith Child's Home Address: 1111 Sunny Lane City, State & Zip: Sacramento, CA 95959 Phone: 916-555-5555 Date of Birth: 8/7/2007 Age: 5 School Name: Sunnyside Elem School Track: A Grade: K Travel time from home to activity is 30 minutes each way.	FID: CID: PID: TID: County Date Stamp:
Parent 2 Name (if in the home): <input type="checkbox"/> Check here if not in the home Joseph Smith Activity Type: <input type="checkbox"/> Employment <input checked="" type="checkbox"/> School <input type="checkbox"/> CWEX <input type="checkbox"/> Job Club Activity Name: American River College Activity Address: 5555 River Lane City, State & Zip: Carmichael, CA 95555 Activity Schedule: Mon, Wed, Fri 8am-12pm (indicate days & times):	Case #: CCPU HSS:	

PROVIDERS – Complete the Child Care Provider Information in Section 3

- Select the Type of Facility. If you are a Relative Provider, make sure to circle the relationship to the child.
- Complete Provider Name and Doing Business As Name. If incorporated, enter Tax ID. If not, enter the last four digits of your Social Security Number.
- Complete the Address where Care is Provided and the Provider's Billing Address in full. Enter a valid Phone Number where you can easily be reached if the Department of Human Assistance needs to verify information on the 2145.

PROVIDERS – Complete the Child Care Provider Billing Summary in Section 4

- Enter the rate(s) you are charging for the month for the specific child the form is for. If you are charging multiple rates, enter each rate you are charging on separate lines. Enter the number of weeks, days, or hours you are charging each rate for. If this form is completed electronically, the calculations will be done automatically in red. If this form is completed by hand, calculate the total charges for each rate and enter the Total Billed for This Month at the bottom. If licensed and due in the month of care being completed, enter any Registration Fees based on your rate sheet.
- **DO NOT** simply enter every rate you charge on your rate sheet – only enter rates that you are charging for this month and this child.

SECTION 3 AND 4 TO BE COMPLETED BY PROVIDER ONLY	
SECTION 3 - Child Care Provider Information Type of Facility: <input type="checkbox"/> Licensed Family Child Care Home <input checked="" type="checkbox"/> Child Care Center <input type="checkbox"/> Trustline Provider <input type="checkbox"/> Relative - Circle relationship to child: Aunt Uncle Grandparent (Must be by blood, marriage or legal decree, and verifiable. All other relationships, check Trustline Provider) Provider Name: Learning Center Doing Business As (DBA) Name: Learning Center Last four digits of provider's SSN or Tax ID if incorporated: 123-45678 Address Where Care is Provided: <input type="checkbox"/> Check here if new address 9999 Fun Lane City, State & Zip: Sacramento, CA 95959 Provider's Billing Address: <input type="checkbox"/> Check here if new address 9999 Fun Lane City, State & Zip: Sacramento, CA 95959 Phone Number: 916-777-7777	SECTION 4 - Child Care Provider Billing Summary <small>Enter all numbers as decimals. If completed electronically, the worksheet will calculate as currency & compute a Total Billed amount at the bottom. If completed by hand, calculate totals in currency, add up all amounts entered, and enter a total in the Total Billed section at the bottom. For Evening & Weekend Rates, enter a unit type in the empty box, i.e. hours, days, etc. ONLY ENTER AMOUNTS YOU ARE ACTUALLY BILLING.</small> Monthly Rate: \$ _____ Month = _____ Weekly Rate: \$ \$150.00 X 2.00 Weeks = \$300.00 Weekly Rate: \$ \$110.00 X 2.20 Weeks = \$242.00 Weekly Rate: \$ _____ X _____ Weeks = _____ Weekly Rate: \$ _____ X _____ Weeks = _____ Daily Rate: \$ _____ X _____ Days = _____ Daily Rate: \$ _____ X _____ Days = _____ Hourly Rate: \$ _____ X _____ Hours = _____ Hourly Rate: \$ _____ X _____ Hours = _____ Evening Rate: \$ _____ X _____ Weekend Rate: \$ _____ X _____ Registration Fee due for licensed providers as per rate sheet: \$75.00 Month Annual Registration Fee is due as per rate sheet: October TOTAL BILLED FOR THIS MONTH: \$617.00

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- **Enter the Child's Full Name and the Month and Year of Care** at the top. If you are completing the 2145 electronically, these boxes, the Day of the Week boxes and the Reason Code boxes are the only ones that can be completed electronically (see circled boxes). The remainder of the form needs to be completed by hand when the child is signed in and out each day.
- **Enter the Day of the Week** that lines up with the calendar date for the month. For example, if the 1st of the month is a Saturday, the Day of Week box on the 1st would be noted as Saturday, the 2nd Sunday, the 3rd Monday, and so on.
- **Each day the child uses child care**, have the parent or adult dropping child off enter the Time In, circle AM or PM and enter a signature at drop off. Signature can be full legal signature OR be the first initial and last name.
- **PROVIDERS** – If child leaves care for school **AND WILL RETURN** to care after school, enter the Time Out as the time the child leaves child care and enter your initials. When the child returns to child care, enter the Time In and your initials. If child leaves care for school and **DOES NOT RETURN**, enter the time child left your care in the daily Time Out section. *Remember – DHA does not pay for provider travel time to and from drop off and pick up *when the child is not in your care*. Only enter times that the child is under your supervision as child care hours.
- **When the child is picked up from care**, have the parent or adult picking up the child enter the Time Out, circle AM or PM and enter a signature at pick up. Signature can be full legal signature OR be the first initial and last name.
- **Enter the Total Hours** used for the day in the Total Hours box.

Child's First and Last Name: Joey Smith Month/Year: October 2014 **COMPLETE IN HOURS & MINUTES ONLY**

Start on the 1st day of care in the month. Fill in time child was dropped off & picked up, & sign on each day care took place.

*By initialing and/or signing this form each day, you declare under penalty of perjury under the laws of the United States and the State of California that the facts each day are true, correct, and complete. Any fraud of government funds will result in criminal prosecution to the full extent of the law.

Date	Day of Week	Sign In DAILY		Use ONLY if child has split schedule				Sign Out DAILY		Total Hours	Reason Code	COUNTY USE ONLY
		Time In Circle AM or PM	Signature* of adult signing in child	Time Out	Initials*	Time In	Initials*	Time Out Circle AM or PM	Signature* of adult signing out child			
1	Wed	7:30 AM	J. Smith	8:30a	TR	11:30a	TR	4:30 PM	Jane Smith	6 hours		
2	Thu	8:15 AM	Jane Smith	8:30a	TR	11:30a	TR	2:45 PM	Jane Smith	3 hours 30 min		
3	Fri	7:00 AM	J. Smith	8:30a	TR	11:30a	TR	3:00 PM	J. Smith	5 hours		
4	Sat											
5	Sun	12:15 AM	J. Smith					7:30 PM	J. Smith	7 hours 15 min		

Each day the child does not use care as scheduled, enter a Reason Code in the box. Reason Codes are located on the front of the 2145. In the example below, the child is scheduled to use care on Mondays, but was absent from care on Monday the 10th.

* Each day the child does not use care as scheduled and payment is expected, enter one of these codes in the "Reason Code" box on the reverse:

Child or parent ill & child was not in care all or part of day	Provider closed all or part of the day	Child absent for other reasons	School-age child did not attend school due to illness but was in care	School Minimum Day	Non-School Day
S	C	A	D	M	NS

7	Tue										A	
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On or after the last day of care, once care has been completed for the month and the form has been reviewed for completion by both the parent and provider, both parent and provider must sign and date the bottom front of the form.

These signatures are confirmation by both the parent and provider that ALL information entered on the form is true and correct. Please make sure to double check and verify all information entered on the front and back of the form.

By signing, we declare under penalty of perjury under the laws of the United States and State of California that the information I provided on the front and back of this form are true, correct, and complete for the entire month. Any fraud of government funds will result in criminal prosecution to the full extent of the law

Parent Signature

Date

Provider Signature

Date

Once complete, mail form to: DHA, 2001 19th Street, Sacramento, CA 95818.

Form must be received no later than 3 months after care took place for payment to be made. Forms received late or incomplete will be denied.