

Coordinated Child Care of Pinellas, Inc.

PROVIDER / CLIENT RATE DIFFERENTIAL WORKSHEET

(CENTERS - SAMPLE)

A	B	C	D	E	F	G	H	I	J	K
CARE LEVEL	COALITION APPROVED FULL TIME MAXIMUM RATE (FT) 2008-2009	ENTER YOUR FT RATE	SUBTRACT DIFFERENCE BETWEEN WHAT CCC PAYS AND YOUR FT RATE IF HIGHER	ADD PARENT FEES	DIFFERENCE PARENT OWES PROVIDER \$\$	COALITION APPROVED PART TIME MAXIMUM RATE (PT) 2008-2009	ENTER YOUR PT RATE	SUBTRACT DIFFERENCE BETWEEN WHAT CCC PAYS AND YOUR PT RATE IF HIGHER	ADD PARENT FEES	DIFFERENCE PARENT OWES PROVIDER \$\$
1										
2	INF	34.00				23.80				
3	TOD	29.68				20.78				
4	2YR	22.00				15.40				
5	PR3	19.23				14.20				
6	PR4	19.23				13.99				
7	PR5	19.23				13.46				
8	SCH	16.02				12.02				

Instructions:

1. Enter your published rate
2. **Subtract** the Coalition Approved Maximum Rate (FT/PT)
3. Difference between your rate and CCC rate
4. **Add** the daily parent fee
5. Balance the parent owes provider daily

Child's Name _____

Parent's
Signature _____

Date _____

NOTE: If your site charges less than the Maximum Rate, you will be reimbursed the amount **you provided** on your Survey of Services and Proposed Rates and Fees less parent fees. You **will not** be paid the higher CCC rate if you did not indicate this rate or a higher amount on your survey.