WORKFORCE SOLUTIONS
SOUTH TEXAS

CHILD CARE AUTOMATED ATTENDANCE

SUPPLEMENTAL FORM - REGULATED PROVIDERS

Provider No. : _____

Provider Name: _____ Service Month:_____ Service Year:_____

OFFICE USE ONLY

Week of: _____thru_____					Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Exception Code	Approved	Denied
Client Name	**Twist Id.**	**Confirmation Code**	**F/P/S**	**units**										
Eligible Supplemental forms are due every Monday 5:00pm														

Claiming for services not actually provided constitutes fraud.

Exceptions:

1 = New enrollment and parent has not received card
2 = Parent lost card and is waiting for replacement card
3 = Twist, P.O.S. or IVR Issue
4 = Irregular work schedule reporting parent's day off as an absence

I Certify that the above information is correct

_____

Provider Signature **Date**

WORKFORCE SOLUTIONS
SOUTH TEXAS

CHILD CARE AUTOMATED ATTENDANCE

SUPPLEMENTAL FORM - RELATIVE CARE

Provider No. : _____

Provider Name: _____ Service Month:_____ Service Year:_____

Week of: _____thru_____					Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	OFFICE USE ONLY		
Client Name	**Twist Id.**	**Confirmation Code**	**F/ P/ S**	**units**								**Exception Code**	**Approved**	**Denied**
Eligible Supplemental forms are due every Monday 5:00pm														

Claiming for services not actually provided constitutes fraud.

Exceptions:

1 = New enrollment and parent has not received card
2 = Parent lost card and is waiting for replacement card
3 = Twist, P.O.S. or IVR Issue
4 = Irregular work schedule reporting parent's day off as an absence

I Certify that the above information is correct

_____

Provider Signature **Date**

I Certify that the above information is correct

_____

Parent's Signature **Date**

Child Care Services
2389 E. Saunders St.
Laredo, Texas 78041

Instructions to filling out Supplemental Form

Supplemental forms will not be mailed out at the two billing cycles, providers will need to request one. A supplemental form can be faxed, mailed or e-mailed to the provider, but an original needs to be recieved at CCS for the form to be processed.

1) Supplemental form is for missed swipes in the Child Care Automated Attendnace (CCAA) only. Do not bill the full month for a child, bill only the days that there was no swipe in the CCAA. Forms will be used for the following instances:
   a.) Newly enrolled parents that have not yet received their swipe card.
   b.) Parents who have lost their swipe card and are awaiting a replacement card.
   c.) Parents who have reported the issue that their card is not working correctly.
   d.) Parents who have irregular work schedules/variable work schedules

2.) Calls to CCS to report the card issues must be made within three (3) calendar days in order for CCS to approve payment.

3). For a provider to bill on the supplemental form a call must have been made to CCS and documented. Call made by the provider in reference to a POS machine malfunction or phone trouble. Call made by the parent in reference to a lost card, not having received card, or card not working. When parent calls in to CCS to report the issue with the card the call will be documented.

Parents must speak to their advisor -956-794-1500
Regulated Providers must speak to their Child Development Specialist - 956-794-1524
Relataive Care Providers must speak to the billing staff - 956-794-1506 or 956-794-1507