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Child Care Co-Payment Agreement Form

Ohio Administrative Code 5101:2-16-39 (H) requires Child Care providers to establish a written agreement for payment of the co-payment and fees, signed by the provider and caretaker. Providers must retain the original form in their records and submit a copy to HCJFS only when advising HCJFS of the consumer's non-payment of fees.

Caretaker:	Provider:
Address:	Address:
Telephone:	Telephone:

I, _____, agree to pay the assigned weekly co-payment (fee determined by HCJFS) to the provider. The due date for payment is:

Failure to pay the co-payment by the agreed upon date, will result in notifying the HCJFS of the delinquent co-payment and possible termination of services.

The signatures below signify agreement with the statements above.

Signature of Caretaker:	Date:
Signature of Provider:	Date:

 If the consumer's co-payment fee is delinquent more than ten calendar days from the due date established in this written co-payment agreement, submit a copy of this document and the HCJFS 4671 – Delinquent Fee Form by fax or mail to:

Hamilton County Job & Family Services
 Child Care Department
 222 E. Central Parkway
 Cincinnati OH 45202
 Fax: 513-946-1830