APPENDIX A

ICC CHILDCARE REIMBURSEMENT

ICC Members, who are a parent of a child with special needs, may claim reasonable childcare costs for meeting attendance by submitting a signed warrant receipt with the following information:

- · Child's name
- Dates
- Name and Signature of the provider
- Number of hours, and
- Cost per hour from the provider

Unildcare for out-of-state trave	I must be pre-approved, in wr	fitting, by DDS an	ia included w	vith your travel cla	ıım.
	RECIEPT FOR CHILI	D CARE SERV	ICES		
	Name of Interagency Coor	rdinating Council Me	mber		
Name of Child:					
Dates Care Provided:		_ through	/		
Cost per Hour:	Number of Hours:	T	otal Cost of	Care:	_
Name of Provider:					
Provider Signature: Origin	nal signature must be turned in with	 claim			
☐ Written Approval from D	DS Attached, if travel was o	outside of Califo	ornia		