

## LATE CO-PAY LOG

NAME OF CHILD CARE FACILITY:			LICENSE # :	DATE:	
TWIST ID (found on CCAA)	NAME OF PARENT	NAME OF CHILD (LIST ALL)	COPAY DUE DATE	TOTAL AMOUNT DUE \$	TIME PERIOD (ex. 2-4-19 to 02-8-19)

**Instructions:**

1. If parent fails to pay their Parent Share of Cost timely, provider will submit the Late Copay Log on the 3<sup>rd</sup> business day after Copay was due.
2. Note that all parents under CCS are required to pay their parent share of cost before services are rendered.
3. Provider will review CCAA on a daily basis to ensure parents are swiping daily. [www.workforcesolutionschildcare.com/ccaa](http://www.workforcesolutionschildcare.com/ccaa)
4. Fax log to one of the corresponding fax numbers: **Weslaco Workforce 1.866.890.5452 • Mission Workforce 1.866.580.6089**