

West Virginia Department of Health and Human Resources

Provider Notice to Agency

To: _____
Child Care Resource and Referral Agency

Attention: _____
Resource and Referral Worker

Check All That Apply

I. Parents Owe Fees.

As of ___ / ___ / ___, the following parents have not paid the required child care fees which were due to me on ___ / ___ / ___.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

II. Parents Have Paid Fees.

The parents below received closure notices from the R&R agency because they did not pay fees. They have now paid their fees. Please continue their child care services.

- 1. _____
- 2. _____
- 3. _____
- 4. _____

III. Beginning or Ending Services.

As of ___ / ___ / ___, I (will/will no longer) provide child care services for the following families:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

IV. Forms Needed.

Please send me the following forms:

- Payment Forms (ECE-CC-10A)
- Emergency Forms (ECE-CC-10E)
- Billing & Receipt Forms (ECE-CC-10D)
- Other _____
- Child Medicals (SS-CC-3)
- Provider Notice to Agency (ECE-CC-10F)
- Attendance Records (ECE-CC-10G)

Sincerely,

Provider Signature

Address: _____

Phone: _____