

**Alabama Department of Human Resources
CHILD CARE SERVICES DIVISION
Child Care TAS Adjustment Request Form**

Facility Legal/License Name	Provider 10-Digit ID 5000 _____
Facility Name	County
Name of Facility Owner/Operator	Phone
Facility Mailing Address	City, State, Zip
	Email

By my signature affixed below, I hereby affirm that I have not received any payment for the children listed below or I received incorrect payment for the children listed below and I assert that I am due payment.

SECTION 1: REASON FOR REQUEST

- | | | |
|---------------------------------|-------------------------------|-----------------------------------------------------------------|
| (1) Registration Fee | (4) Parent card not received | (7) Pay not correct for school closure day(s) |
| (2) POS device was not received | (5) Parent card reported lost | (8) Pay not correct for provider closure day(s) |
| (3) POS device was not working | (6) Late referral | (9) Child absent more than 5 days (doctor's statement attached) |

At least one of the above reason codes must be selected for each child. Requests received missing this information will be returned as incomplete.

SECTION 2: CHILD AND PARENT INFORMATION

Name of Child	Child Authorization ID	Reason Code	Settlement Date(s)
1.			
2.			
3.			
4.			
5.			

Facility Owner/Operator Signature

Date

SECTION 3: DECISION (to be completed by DHR) Do Not Write Below This Section

<input type="checkbox"/> Approved <input type="checkbox"/> Approved with modifications 	<input type="checkbox"/> Denied <input type="checkbox"/> Child paid correctly <input type="checkbox"/> Family/child not eligible <input type="checkbox"/> Received after deadline (30 days after the direct deposit date for the care week) <input type="checkbox"/> Adjustment paid on _____ <div style="text-align: right; margin-right: 50px;">Settlement date(s)</div> <input type="checkbox"/> Other _____
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DHR Representative _____

Date _____

DHR Representative Comments:

Alabama Department of Human Resources
CHILD CARE SERVICES DIVISION
Office of Child Care Subsidy

Child Care TAS Adjustment Request

Instructions for Filing a Request with the Child Care TAS Adjustment Review Committee

Requests must be filed on the approved Child Care TAS Adjustment Request Form. Requests filed on other forms or requests not meeting the following criteria will not be accepted and will be returned to the childcare provider. FAX requests will not be accepted and will be returned to the childcare provider.

1. All entries made by a provider on the request form should be printed in ink or typewritten.
2. You must file the original request form with the Child Care Services Division. Copies of any supporting documentation (see #8) must be included with the request form.
3. The facility legal/license name, facility name, name of facility owner/operator, facility mailing address, provider 10-digit ID, county, and phone number must be included in the space provided. If an adjustment is authorized, reimbursement cannot be issued without this information. Requests without provider 10-digit ID cannot be processed and will be returned to the childcare facility. The provider 10-Digit ID begins with the number five (5) and if found on the Provider Notice of Registration.
4. **REASON FOR REQUEST:** The *Reason for Request* [Section 1] code(s) should be documented in [Section 2] so that the TAS Adjustment Review Committee can understand the basis of the request. Reason for Request Codes 2,3,4 and 5 should be reported to the CMA or Conduent prior to the submission of the request. The TAS Adjustment Review Committee will verify if the incident has been reported prior to the approval of the request.
5. **CHILD AND PARENT INFORMATION:** The *Child and Family Information* [Section 2] must be completed to include the child's name as it appears on the Provider Web Portal; the Authorization ID (which is the number beginning with a four (4) located next to the child's name), the settlement date (which is located on the Provider Payment Report) and reason code.
6. **REGISTRATION PAYMENTS:** Parent information and settlement date are not required when requesting payment for registration fees. For registration fee payments, complete a separate form from adjustment requests. Multiple children/families can be added to one form.
7. **SIGNATURES:** The request must be signed, in ink, by an authorized representative (facility owner/operator) of the childcare program. Request forms not containing original signatures, in ink, will be returned. Requests with photocopied or electronically generated signatures will not be accepted. Fax requests will not be accepted.
8. **SUPPORTING DOCUMENTATION:** The childcare facility is responsible for including copies of all documents needed to support his/her request. Acceptable supporting documentation includes the sign-in/sign-out sheets with the parent's full signature for the child for whom reimbursement is requested and/or a doctor's statement if child was absent more than five day in one month.
9. **SUBMITTING REQUESTS:** Mail completed request form and all supporting documentation to:

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE SERVICES DIVISION
50 N. RIPLEY STREET, P. O. BOX 304000
MONTGOMERY, AL 36130-4000
TELEPHONE (334) 242-1425

The burden of proof rests with the childcare provider. Submittal of supporting documentation is the responsibility of the childcare provider and not the Child Care TAS Adjustment Review Committee, the Alabama Department of Human Resources, The Child Care Services Division or the Child Care Management Agency.

September 2020