

**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 (2) Late Referral

At least one of the above reason codes must be selected for each child. Requests received missing this information will be returned as incomplete. Registration fee requests must be submitted separately from other adjustment requests.

SECTION 2: CHILD 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

Approved

Approved with modifications

Denied

___ Child paid correctly ___ Family/child not eligible
 ___ Received after deadline (30 days after the direct deposit date for the care week)
 ___ Adjustment paid on _____
Settlement date(s)

Other _____

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. Adjustment requests may be submitted via email or mail only. Hand delivered requests are not accepted.**

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 is 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.
5. **CHILD INFORMATION:** The *Child 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:** Settlement date is 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 or hand delivered 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, but is not limited to, the sign-in/sign-out sheets with the parent's full signature for the child for whom reimbursement is requested.
9. **SUBMITTING REQUESTS:** Submit completed request(s) and all supporting documentation via mail or email.

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE SERVICES DIVISION
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AL 36130-4000
TELEPHONE (334) 242-1425
EMAIL childcare.subsidy@dhr.alabama.gov

The burden of proof rests with the childcare provider. Submission of supporting documentation is the responsibility of the child care 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.