



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Child Care Claim

Part I. Provider information

Provider name		Contract number	Phone
Street address		Social Security/Employer's ID no.	
City	State	Zip	Month/year of care provided

Return to: Oklahoma Department of Human Services
 Attention: Finance Division - EBD Claims
 P.O. Box 53323
 Oklahoma City, OK 73152-3323

Part II. Reason for submission of a manual child care claim

You **must** check one box below:

- Care provided in child's own home
- Military base provider
- Point of service (POS) machine not issued within 10 days of care being authorized
- Client did not swipe attendance. You must explain in detail the reason swipes could not be made electronically:

I certify that this claim is submitted in accordance with contract specifications and Oklahoma Department of Human Services (OKDHS) policy and under penalty of perjury, is true and correct to the best of my knowledge and belief and understand that any false statements on my part may result in prosecution for fraud. I further certify that the back of this claim has been reviewed, signed, and dated by the client, parent, guardian, or caretaker, or by me, as provider upon termination. I understand that failure to complete this claim properly will result in a vendor overpayment.

 Provider signature Date

Part III. Audit/approval - Reserved for approving office only			
Amount adjusted	\$ _____	Amount approved	\$ _____
Reviewer signature		Date	

