

# Provider Rate Form

Please report your rates in **daily** and **hourly** formats for both **infants** (0-23 months) and **children** (2 years and older). Family Connections MT cannot calculate amounts for hourly and daily based upon weekly or monthly rates nor can we assume the amounts you are charging if boxes are left blank. We will not be able to enter them correctly in the system for Best Beginnings scholarship payment purposes and it can hinder authorizations from being set and pending invoices from being paid.

**PLEASE NOTE:** You may report a WEEKLY or MONTHLY RATE to update your REFERRAL PROFILE ONLY.

Provider Status	Please mark the correct box	Rates	Hourly (0-5 hrs)	Daily (6-10 hrs)
I am a new provider reporting rates for the first time	<input type="checkbox"/>	Infant (0-23 months):	<input type="checkbox"/>	<input type="checkbox"/>
I am an existing provider reporting current rates or a rate change	<input type="checkbox"/>	Child (2-12 years):	<input type="checkbox"/>	<input type="checkbox"/>

### Best Beginnings Child Care Referral Program ONLY:

Weekly Rate

Monthly Rate

Please note that rates supplied in the correct format will be effective the first of the month following the date we receive them in accordance with the policy outlined below. For example: The rate reporting form is received at District 7 HRDC on February 19, 2012 thereby making the new rates effective March 1, 2012 for Best Beginnings scholarship payment purposes.

Montana Department of Public Health and Human Services Child Care Policy 1-4 pages 1 & 2 of 6 states the following:

\*Rate changes become effective the first of the month following the date the change is made. A change in provider type does not result in a rate change for the provider.

If you are a new provider, your rates will be entered with an effective date coinciding with your license effective date. If you have been a provider in the past, please know reporting your rates immediately could eliminate the possibility of a delay in rate adjustment from your previous license timeframe to your new license begin date.

PV Number \_\_\_\_\_ PS Number \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_  
Printed Name Signature Date