



HOOPA VALLEY TRIBAL TANF PROGRAM
 PO Box 728, Hoopa, California 95546
 530-625-4816 phone/530-625-4826 fax

MONTHLY CHILD CARE TIME SHEET

Date Received: _____ Month/Year: _____
 Child Care Provider: _____ Child Name: _____
 Address: _____ DOB: _____ Age: _____
 Telephone: _____ TANF Participant Name: _____

Day	Date	In	Out	Total
Sun.				
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				

Day	Date	In	Out	Total
Sun.				
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				

Day	Date	In	Out	Total
Sun.				
Mon.				
Tues.				
Wed.				
Thurs.				
Fri.				
Sat.				

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Thurs.				
Fri.				
Sat.				

HVTPP Use Only

Circle all that apply calculate rate as: Hourly Daily Weekly Monthly

Hourly Rate: \$ _____
 Total # of hrs. x _____
 Subtotal (a) \$ _____

Daily Rate: \$ _____
 Total # of hrs. x _____
 Subtotal (b) \$ _____

Weekly Rate: \$ _____
 Total# of hrs. x _____
 Subtotal (c) \$ _____

Add a, b, c= _____
 Total Child Care Reimbursement: \$ _____

Both signatures, original and in (black or blue) ink are legally required. Hours worked will be checked against the back up documentation i.e., payroll time cards, etc. Submission of inaccurate or fraudulent child care time sheets may constitute grounds for sanction and/ or legal action. If the backup is not submitted with the timesheet within 30 days from service; I as the participant will take responsibility of the payment to the vendor.

 HVTPP Client Signature

 Date

 Child Care Provider Signature

 Date