



Published Rates Worksheet

Name of Center: _____ DFPS #: _____

Date of Request: _____

Additional Rates:

Does the provider provide transportation? NO YES

If yes, is the transportation rate included in the provider's published rate or is it a separate rate? Included Separate Amount: _____

Does the provider charge a separate registration fee? NO YES Amount: _____ divide by 260= _____

Total Registration fees for the year, divide by 260 for daily rate. Add to calculated rates below.

Does provider charge a "wrap-a-round fee"? NO YES Amount: _____

If YES amount is added to all Full Time and Part Time Rates before In-Office Calculations.

Method for determining reimbursement rates:

Weekly rates are divided by 5; Monthly rates are divided by 4.33 to get a weekly amount, then by 5 to get a daily rate.

Full Time Rates	Weekly	Monthly	Daily	In-Office Calculations
INFANT 0-17 MO.				
Toddler 18-35 mo.				
Preschool 3-5 yr.				
Sch-Age 6-12 yr.				

Part Time Rates	Weekly	Monthly	Daily	In-Office Calculations
INFANT 0-17 MO.				
Toddler 18-35 mo.				
Preschool 3-5 yr.				
Sch-Age 6-12 yr.				

****We MUST have part-time rates for ALL age groups****
(use Full Time Rate if Provider states they have none)

Provider Specialist Signature: _____ Date: _____