

DEPARTMENT OF HUMAN SERVICES PAGE 1365  
CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS PROV. PG 1 OF 1  
REPORT NUMBER CH-151

VOUCHER: 2009FIO1050286  
VOUCHER DATE: 01/16/2009  
PROVIDER ID NO: 4721310  
PAYMENT PERIOD: 12/21/08 TO 01/03/09  
PAY PERIOD NO: 901

LOAR TRUDELL SHERRY Y  
801 WEST SHERIDAN  
PETOSKEY MI 49770

CONSISTENT WITH THE 2006 ELECTION OF THE CHILD CARE PROVIDERS TOGETHER MICHIGAN UNION, AND IN COMPLIANCE WITH ITS CONTRACT. BEGINNING JANUARY 2009, A 1.15% DUES/FAIR SHARE FEE DEDUCTION WILL BE MADE FROM ALL IN-HOME CHILD DAY CARE PROVIDERS' CDC STATE PAYMENTS. FOR FURTHER INFORMATION CONTACT 1-888-375-9969.

CHILD'S NAME CHILD'S ID NO. CASE NO WORKER  
HOURS CHARGE NUMBER  
PAY PERIOD AUTH BILL PAID FOR CARE DP% AMOUNT ERROR DESCRIPTION

12/07/08-12/20/08 90 32744680 X2534494A 2400000109  
DOCUMENT NUMBER= 1118838189 \$68 95% \$35.56 LATE BILLING FOR PERIOD 826

GROSS TOTAL DHS PAY \$35.56  
RECOUPMENT AMT \$0.00  
DUES AMOUNT \$0.41  
NET TOTAL DHS PAY \$35.15

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000 237963007

PAGE 1 OF 1

# STATE OF MICHIGAN REMITTANCE ADVICE

INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	REF. DOC.	CURRENT DOC.	AMOUNT
43T 431 UNIFIED CHILD DAY CARE SYSTEM 4721310 00286	01/16/09	LOAR-TRUDELL SHERRY YVONNE	F10105	VZFI0Y35	\$ 35.15

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

FOR DETAILED PAYMENT BREAKDOWN SEE THE CH-151 STATEMENT OF PAYMENTS THAT SHOWS THE VOUCHER NUMBER AND VOUCHER LOCATION NUMBER ABOVE.

\*\*\* PLEASE KEEP THIS DOCUMENT FOR YOUR TAX RECORDS \*\*\*

\*\*\* THIS INCOME WILL BE REPORTED TO THE INTERNAL REVENUE SERVICE. \*\*  
\*\*\* TENTATIVE WARRANT DATE: JANUARY 21, 2009

ELECTRONICS FUNDS TRANSFER (EFT) IS THE DIRECT DEPOSIT OF DRS-FUNDED CHILD CARE PAYMENTS INTO THE PROVIDER'S BANK ACCOUNT. RELATIVE CARE PROVIDERS, DAY CARE CENTERS, GROUP AND FAMILY HOMES ARE ELIGIBLE TO RECEIVE EFT PAYMENTS. TO SIGN UP FOR EFT, VISIT [WWW.CPEXPRESS.STATE.MI.US](http://WWW.CPEXPRESS.STATE.MI.US)

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

LA TRANSFERENCIA DE FONDOS ELECTRÓNICOS (EFT) ES EL DEPÓSITO DIRECTO DE PAGOS DE CUIDADO DE LOS NIÑOS DRS-FINANCIADOS EN LA CUENTA BANCARIA DEL CUIDADOR. CUIDADORES FAMILIARES, LAS GUARDERÍAS, Y CASAS DE CUIDADO FAMILIAR Y DE GRUPO SON ELEGIBLES PARA RECIBIR PAGOS EFT. PARA INSCRIBIRSE PARA EFT, VAYA A [WWW.CPEXPRESS.STATE.MI.US](http://WWW.CPEXPRESS.STATE.MI.US)

WARRANT AMOUNT \$ 35.15

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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DEPARTMENT OF HUMAN SERVICES PAGE 1250  
CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS PROV. PG 1 OF 1  
REPORT NUMBER CH-151

VOUCHER: 2009FIO2050256  
VOUCHER DATE: 01/30/2009  
PROVIDER ID NO: 4721310  
PAYMENT PERIOD: 01/04/09 TO 01/17/09  
PAY PERIOD NO: 902

LOAR TRUDELL SHERRY Y  
801 WEST SHERIDAN  
PETOSKEY MI 49770

THE DEPARTMENT OF HUMAN SERVICES WILL BEGIN SENDING IRS 1099 FORMS TO PROVIDERS WITH THE EXCEPTION OF DAY CARE AIDES DURING THE WEEK OF JANUARY 19, 2009. SOME PROVIDERS WILL RECEIVE TWO 1099S DUE TO THE DEPARTMENTS CONVERSION TO A NEW COMPUTER SYSTEM. PROVIDERS THAT RECEIVE TWO 1099S MUST KEEP BOTH 1099S. PLEASE ADD AMOUNTS FROM BOTH 1099S RECEIVED TO REPORT INCOME FOR YOUR 2008 INCOME TAX RETURN.

CHILD'S NAME	CHILD'S ID NO.	CASE NO	WORKER			
PAY PERIOD	HOURS	CHARGE	NUMBER			ERROR DESCRIPTION
	AUTH	BILL	PAID	FOR CARE	DP%	AMOUNT
[REDACTED]	38097477	X3368131A	2400000118			
01/04/09-01/17/09	50	2	2	\$9	95%	\$3.95
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS						
						\$ .57
						TOTAL \$4.52
DOCUMENT NUMBER= 1118881377						
[REDACTED]	32744680	X2534494A	2400000109			
01/04/09-01/17/09	90	14	14	\$53	95%	\$27.66
DOCUMENT NUMBER= 1118881377						
GROSS TOTAL DHS PAY						\$32.18
RECOUPMENT AMT						\$0.00
DUES AMOUNT						\$0.37
NET TOTAL DHS PAY						\$31.81

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PAGE 1 OF 1

### STATE OF MICHIGAN REMITTANCE ADVICE

INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	REF. DOC.	CURRENT DOC.	AMOUNT
43T 431 UNIFIED CHILD DAY CARE SYSTEM					
4721310 00256	01/30/09	LOAR-TRUDELL SHERRY YVONNE	FI0205	VZFIOYBB 5	31.81

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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\*\*\* TENTATIVE WARRANT DATE: FEBRUARY 04, 2009

ELECTRONICS FUNDS TRANSFER (EFT) IS THE DIRECT DEPOSIT OF DHS FUNDED CHILD CARE PAYMENTS INTO THE PROVIDER'S BANK ACCOUNT. RELATIVE CARE PROVIDERS, DAY CARE CENTERS, GROUP AND FAMILY HOMES ARE ELIGIBLE TO RECEIVE EFT PAYMENTS. TO SIGN UP FOR EFT, VISIT WWW.CPEXPRESS.STATE.MI.US.

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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WARRANT AMOUNT \$ 31.81

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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DEPARTMENT OF HUMAN SERVICES PAGE 12458  
CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS PRDV. PG 1 OF 1  
REPORT NUMBER CH-151

VOUCHER: 2009FIO3002364  
VOUCHER DATE: 02/07/2009  
PROVIDER ID NO: 4721310  
PAYMENT PERIOD: 01/18/09 TO 01/31/09  
PAY PERIOD NO: 903

LOAR TRUDELL SHERRY Y  
801 WEST SHERIDAN  
PETOSKEY MI 49770

CHILD'S NAME	CHILD'S ID NO.	CASE NO	WORKER							
PAY PERIOD	AUTH	BILL	PAID	FOR	CARE	DP%	AMOUNT			ERROR DESCRIPTION
[REDACTED]	32744680	X2534494A	2400000109							
01/18/09-01/31/09	90	14	14	\$53	95%	\$27.66				
DOCUMENT NUMBER=	1118881380									
	GROSS TOTAL DHS PAY						\$27.66			
	RECOUPMENT AMT						\$0.00			
	DUES AMOUNT						\$0.32			
	NET TOTAL DHS PAY						\$27.34			

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# STATE OF MICHIGAN REMITTANCE ADVICE

INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	REF. DOC.	CURRENT DOC.	AMOUNT
437 431 UNIFIED CHILD DAY CARE SYSTEM					
4721310 02364	02/07/09	LOAR-TRUDELL SHERRY YVONNE	FI0300	VZFI0YBH \$	27.34

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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\*\*\* TENTATIVE WARRANT DATE: FEBRUARY 11, 2009

ELECTRONICS FUNDS TRANSFER (EFT) IS THE DIRECT DEPOSIT OF DHS-FUNDED CHILD CARE PAYMENTS INTO THE PROVIDER'S BANK ACCOUNT. RELATIVE CARE PROVIDERS, DAY CARE CENTERS, GROUP AND FAMILY HOMES ARE ELIGIBLE TO RECEIVE EFT PAYMENTS. TO SIGN UP FOR EFT,

GO TO WWW.GPEXPRESS.STATE.MI.US

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NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

WARRANT AMOUNT \$ 27.34

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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DEPARTMENT OF HUMAN SERVICES PAGE 11820  
CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS PROV. PG 1 OF 1  
REPORT NUMBER CH-151

VOUCHER: 2009FIO4002232  
VOUCHER DATE: 02/20/2009  
PROVIDER ID NO: 4721310  
PAYMENT PERIOD: 02/01/09 TO 02/14/09  
PAY PERIOD NO: 904

LOAR TRUDELL SHERRY Y  
801 WEST SHERIDAN  
PETOSKEY MI 49770

CHILD'S NAME	CHILD'S ID NO.	CASE NO	WORKER NUMBER	
PAY PERIOD	HOURS	CHARGE	DP%	AMOUNT
-----				
AUTH BILL PAID FOR CARE	ERROR DESCRIPTION			
[REDACTED]	32744680	X2534494A	2400000109	
02/01/09-02/14/09	90 14 14	\$53	95%	\$27.66
DOCUMENT NUMBER=	1118936645			
GROSS TOTAL DHS PAY				\$27.66
RECOUPMENT AMT				\$0.00
DUES AMOUNT				\$0.32
NET TOTAL DHS PAY				\$27.34

000 238252954

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024507

### STATE OF MICHIGAN REMITTANCE ADVICE

INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	REF. DOC.	CURRENT DOC.	AMOUNT
43T 431 UNIFIED CHILD DAY CARE SYSTEM 4721310 02232	02/20/09	LOAR-TRUDELL SHERRY YVONNE	FI0400	VZFI0YGG \$	27.34

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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\*\*\*TENTATIVE WARRANT DATE: FEBRUARY 25, 2009

ELECTRONICS FUNDS TRANSFER (EFT) IS THE DIRECT DEPOSIT OF DHS-FUNDED CHILD CARE PAYMENTS INTO THE PROVIDER'S BANK ACCOUNT. RELATIVE CARE PROVIDERS, DAY CARE CENTERS, GROUP AND FAMILY HOMES ARE ELIGIBLE TO RECEIVE EFT PAYMENTS. TO SIGN UP FOR EFT,

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LA TRANSFERENCIA DE FONDOS ELECTRONICOS (EET) ES EL DEPOSITO DIRECTO DE PAGOS DE CUIDADO DE LOS NIÑOS DHS-FINANCIADOS EN LA CUENTA BANCARIA DEL CUIDADOR, CUIDADORES FAMILIARES, LAS GUARDERIAS, Y CASAS DE CUIDADO FAMILIAR Y DE GRUPO. SON ELEGIBLES PARA RECIBIR PAGOS EET PARA INSCRIBIRSE PARA EET, VAYA A WWW.CPEXPRESS.STATE.MI.US

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

WARRANT AMOUNT \$ 27.34

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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DEPARTMENT OF HUMAN SERVICES PAGE 11509  
 CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS PROV. PG 1 OF 1  
 REPORT NUMBER CH-151

VOUCHER: 2009FIO5002236  
 VOUCHER DATE: 03/06/2009  
 PROVIDER ID NO: 4721310  
 PAYMENT PERIOD: 02/15/09 TO 02/28/09  
 PAY PERIOD NO: 905

LOAR TRUDELL SHERRY Y  
 801 WEST SHERIDAN  
 PETOSKEY MI 49770

EFFECTIVE 3/15/09 (PAY PERIOD 907), DHS WILL NO LONGER MAIL THE DHS-805, CDC BILLING/REPORTING RECORD. CDC PROVIDERS ARE STILL REQUIRED TO MAINTAIN DAILY TIME AND ATTENDANCE RECORDS, CERTIFIED BY THE PARENT OF THE CHILDREN IN THEIR CARE, FOR FOUR YEARS.

CHILD'S NAME	CHILD'S ID NO.	CASE NO	WORKER NUMBER	PAY PERIOD	AUTH	BILL	PAID	FOR CARE	DP%	AMOUNT	ERROR DESCRIPTION
	32744680	X2534494A	2400000109	02/15/09-02/28/09	90	14	14	\$53	95%	\$27.66	
	DOCUMENT NUMBER= 1118963458										
GROSS TOTAL DHS PAY										\$27.66	
RECOUPMENT AMT										\$0.00	
DUES AMOUNT										\$0.32	
NET TOTAL DHS PAY										\$27.34	

023405

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### STATE OF MICHIGAN REMITTANCE ADVICE

INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION
43T 431 UNIFIED CHILD DAY CARE SYSTEM		
4721310 02236	03/06/09	LOAR-TRUDELL SHERRY YVONNE

REF. DOC.	CURRENT DOC.	AMOUNT
FI0500	VZFI0YL7	\$ 27.34

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

FOR DETAILED PAYMENT BREAKDOWN SEE THE CH-151 STATEMENT OF PAYMENTS THAT SHOWS THE VOUCHER NUMBER AND VOUCHER LOCATION NUMBER ABOVE.

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\*\*\* TENTATIVE WARRANT DATE: March 11, 2009

ELECTRONICS FUNDS TRANSFER (EFT) IS THE DIRECT DEPOSIT OF DHS-FUNDED CHILD CARE PAYMENTS INTO THE PROVIDER'S BANK ACCOUNT. RELATIVE CARE PROVIDERS, DAY CARE CENTERS, GROUP AND FAMILY HOMES ARE ELIGIBLE TO RECEIVE EFT PAYMENTS. TO SIGN UP FOR EFT,

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

GO TO WWW.CPEXPRESS.STATE.MI.US

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WARRANT AMOUNT	\$	27.34
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NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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DEPARTMENT OF HUMAN SERVICES PAGE 9604  
 CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS PROV. PG 1 OF 1  
 REPORT NUMBER CH-151

VOUCHER: 2009FIOG001877  
 VOUCHER DATE: 03/20/2009  
 PROVIDER ID NO: 4721310  
 PAYMENT PERIOD: 03/01/09 TO 03/14/09  
 PAY PERIOD NO: 906

LOAR TRUDELL SHERRY Y  
 801 WEST SHERIDAN  
 PETOSKEY MI 49770

THE FOLLOWING CHANGES WILL TAKE PLACE ON APRIL 5, 2009:  
 INTERNET BILLING WILL HAVE A NEW LOOK AND WILL BE THE EASIEST WAY TO BILL.  
 TELEPHONE BILLING WILL REQUIRE ENTRY OF DAILY CHILD CARE AND ILL/HOLIDAY HOURS.

CHILD'S NAME	CHILD'S ID NO.	CASE NO	WORKER			
PAY PERIOD	HOURS	CHARGE	NUMBER			ERROR DESCRIPTION
	AUTH	BILL	PAID	FOR	CARE	DP% AMOUNT
[REDACTED]	32744680	X2534494A	2400000109			
03/01/09-03/14/09	90 14 14	\$53	95%			\$27.66
DOCUMENT NUMBER= 1119008268						
GROSS TOTAL DHS PAY						\$27.66
RECOUPMENT AMT						\$0.00
DUES AMOUNT						\$0.32
NET TOTAL DHS PAY						\$27.34

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020420

# STATE OF MICHIGAN REMITTANCE ADVICE

INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	REF. DOC.	CURRENT DOC.	AMOUNT
43T 431 UNIFIED CHILD DAY CARE SYSTEM 4721310 01877	03/20/09	LOAR-TRUDELL SHERRY YVONNE	FI0600	V2FI0YPH \$	27.34

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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\*\*\* TENTATIVE WARRANT DATE: MARCH 25, 2009

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NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

WARRANT AMOUNT \$ 27.34

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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DEPARTMENT OF HUMAN SERVICES  
CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS  
REPORT NUMBER CH-151

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PROV. PG 1 OF 1

VOUCHER: 2009FIO7050084  
VOUCHER DATE: 04/10/2009  
PROVIDER ID NO: 4721310  
PAYMENT PERIOD: 03/15/09 TO 03/28/09  
PAY PERIOD NO: 907

~~1758-2922~~  
1758-2922

LOAR TRUDELL SHERRY Y  
801 WEST SHERIDAN  
PETOSKEY MI 49770

THE FOLLOWING CHANGES WILL TAKE PLACE ON APRIL 5, 2009:  
INTERNET BILLING WILL HAVE A NEW LOOK AND WILL BE THE EASIEST WAY TO  
BILL.  
TELEPHONE BILLING WILL REQUIRE ENTRY OF DAILY CHILD CARE AND  
ILL/HOLIDAY HOURS.

CHILD'S NAME	CHILD'S ID NO.	CASE NO	WORKER NUMBER	PAY PERIOD	AUTH BILL	PAID FOR CARE	DP%	AMOUNT	ERROR DESCRIPTION
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[REDACTED]	32744680	X2534494A	2400000109	03/15/09-03/28/09	90	22 22	\$83 95%	\$43.47	
DOCUMENT NUMBER=		111905B007							

GROSS TOTAL DHS PAY	\$43.47
RECUPMENT AMT	\$0.00
DUES AMOUNT	\$0.50
NET TOTAL DHS PAY	\$42.97



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004320

# STATE OF MICHIGAN REMITTANCE ADVICE

INVOICE NUMBER	INVOICE DATE	INVOICE DESCRIPTION	REF. DOC.	CURRENT DOC.	AMOUNT
43T 431 UNIFIED CHILD DAY CARE SYSTEM 4721310 00084	04/10/09	LOAR-TRUDELL SHERRY YVONNE	FI0705	VZFI0YU0 \$	42.97

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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\*\*\*TENTATIVE WARRANT DATE: APRIL 15, 2009

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NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

WARRANT AMOUNT \$ 42.97

NON-NEGOTIABLE

NON-NEGOTIABLE

NON-NEGOTIABLE

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STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
LANSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

April 1, 2009

In an effort to improve program integrity and payment accuracy, the Department of Human Services (DHS), Child Development and Care (CDC) will be introducing a new billing system that requires information from both providers and parents.

**Beginning April 5, 2009, for each two-week pay period, providers will be required to:**

- Complete daily time and attendance records. The records must be certified by the parent and retained for four years. The DHS-1546, Provider's Child Care Daily Time and Attendance Record may be used for this purpose. A copy of that form is enclosed. Additional copies are available to print at [www.michigan.gov/childcare](http://www.michigan.gov/childcare).
- Enter daily child care hours and illness/holiday hours for each child to the nearest one-half hour increment.
- Enter the total charge for care for the two week period.

**Beginning May 10, 2009, for each two-week pay period, parents will be required to:**

- Complete the DHS-641, Child Development and Care Parent Record. This record is used to track daily activity hours and daily child care hours. The record must be retained by the parent for four years.
- Enter their actual activity hours for each day to the nearest one-half hour increment. For example, if the parent needs child care in order to work, this would be their actual work hours plus transportation time.
- Enter the total hours (from the DHS-641) for each child that was in care during the two-week period.

**Reporting hours of care for providers and parents:**

- The easiest and most convenient way to report child care hours will be by using the Internet at [www.michigan.gov/childcare](http://www.michigan.gov/childcare).
- If Internet access is not available, reporting hours of care by telephone is an option. Call 1-888-779-2775 (touch-tone) or 1-888-826-1772 (voice activated).
- Information regarding the new billing system and various step by step instruction tools to complete the billing process are located at [www.michigan.gov/childcare](http://www.michigan.gov/childcare).
- Help is also available by calling The Central Reconciliation Unit at 1-866-990-3227.

The Central Reconciliation Unit will review payments where the number of hours billed in a pay period and the number of hours of care reported by parents does not match. Staff from the unit will consult with both providers and parents in order to make a determination for payment. Beginning in September, when provider entries and parent entries do not match, the payment will not be authorized until it is reconciled.

**Both billing systems will be unavailable from 6:00 AM on Saturday April 4<sup>th</sup> through Sunday April 5<sup>th</sup> in order for the new system to be installed.**

DHS RECONCILIATION AND RECOUPMENT  
 PO BOX 30025  
 LANSING MI 48909

Date: 05/29/2009

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**STATE OF MICHIGAN**  
**Department of Human Services**

If you do not understand this, call a DHS office in your area.  
 DHS employees are prohibited by law from providing legal advice.  
 Si usted no entiende esto, llame a una oficina de DHS en su área.  
 La ley prohíbe a los empleados de DHS proporcionar asesoría legal.  
 إذا واجهت صعوبة في فهم هذا الطلب، فتصل بمكتب DHS الموجود في منطقتك.  
 يحرم القانون على موظفي DHS إعطاء النصيحة القانونية.

SHERRY YVONNE LOAR-TRUDELL  
 801 W/SHERIDAN  
 PETOSKEY MI 49770

**CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS**

Voucher BF114909	Voucher Date 05/29/2009
Provider ID Number 4721310	Payment Batch 912

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID	Error Description
Pay Period	Hours	Charge	Amount	
Auth	Bill	For Care	DP%	
[REDACTED]	32744680	101424456	stempkyg	Invalid Billing
05/10/2009 - 05/23/2009	24	\$ 89.00	95%	\$ 0.00
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS			TOTAL	\$ 0.00
DOCUMENT NUMBER	1119211846			\$ 0.00
[REDACTED]	32744680	101424456	stempkyg	
05/10/2009 - 05/23/2009	24	\$ 89.00	95%	\$ 47.42
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS			TOTAL	\$ 0.00
DOCUMENT NUMBER	1119211869			\$ 47.42

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Child's Name	Child's ID No.			Case No.	Specialist ID	Error Description
	Auth	Bill	Paid			
Pay Period	Hours			Charge	DP%	Amount
	Auth	Bill	Paid	For Care	DP%	Amount

[REDACTED] 32744680 101424456 stempkgy  
 03/29/2009 - 04/11/2009 90 4 0 \$ 15.00 95% \$ 0.00 Invalid Billing  
 INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS \$ 0.00  
 TOTAL \$ 0.00  
 DOCUMENT NUMBER 1119175957

[REDACTED] 32744680 101424456 stempkgy  
 03/29/2009 - 04/11/2009 90 9 9 \$ 34.00 95% \$ 17.78  
 INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS \$ 0.00  
 TOTAL \$ 17.78  
 DOCUMENT NUMBER 1119211709

[REDACTED] 32744680 101424456 stempkgy  
 04/12/2009 - 04/25/2009 90 4 4 \$ 15.00 95% \$ 7.90  
 INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS \$ 0.00  
 TOTAL \$ 7.90  
 DOCUMENT NUMBER 1119211738

[REDACTED] 32744680 101424456 stempkgy  
 04/26/2009 - 05/09/2009 75 27 27 \$ 107.00 95% \$ 53.35  
 INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS \$ 0.00  
 TOTAL \$ 53.35  
 DOCUMENT NUMBER 1119211766

Gross Total DHS Pay: \$ 126.45  
 Recoupment Amt: \$ 0.00  
 Total Union Dues / Service fees: \$ 1.45  
 Net Total DHS Pay: \$ 125.00

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Date: 08/29/2009

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**STATE OF MICHIGAN**  
**Department of Human Services**

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SHERRY YVONNE LOAR-TRUDELL  
 801 W SHERIDAN  
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**CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS**

Voucher	BFI24109	Voucher Date	08/29/2009
Provider ID Number	4721310	Payment Batch	

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID				
Pay Period	Auth	Hours Bill	Paid	Charge For Care	DP%	Amount	Error Description
██████████		32744680		101424456		stempkyg	
05/24/2009 - 06/06/2009	90	12	0	\$ 12.00	95%	\$ 0.00	Invalid Billing
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS						\$ 0.00	
DOCUMENT NUMBER		1119538549		TOTAL		\$ 0.00	
██████████		32744680		101424456		stempkyg	
06/07/2009 - 06/20/2009	75	28	28	\$ 28.00	95%	\$ 26.60	
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS						\$ 0.00	
DOCUMENT NUMBER		1119538575		TOTAL		\$ 26.60	

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Child's Name	Child's ID No.	Case No. _	Specialist ID		
Pay Period	Hours	Charge	DP%	Amount	Error Description
	Auth	Bill	Paid	For Care	

[REDACTED]	32744680	101424456	stempkyg		
06/21/2009 - 07/04/2009	75 18 18	\$ 18.00	95%	\$ 17.10	

INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS

\$ 0.00

TOTAL

\$ 17.10

DOCUMENT NUMBER 1119538579

[REDACTED]	32744680	101424456	stempkyg		
07/05/2009 - 07/18/2009	75 20 20	\$ 19.00	95%	\$ 18.05	

INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS

\$ 0.00

TOTAL

\$ 18.05

DOCUMENT NUMBER 1119538585

[REDACTED]	32744680	101424456	stempkyg		
08/02/2009 - 08/15/2009	75 31 31	\$ 31.00	95%	\$ 29.45	

INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS

\$ 0.00

TOTAL

\$ 29.45

DOCUMENT NUMBER 1119538599

[REDACTED]	32744680	101424456	stempkyg		
05/24/2009 - 06/06/2009	75 12 12	\$ 12.00	95%	\$ 11.40	

INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS

\$ 0.00

TOTAL

\$ 11.40

DOCUMENT NUMBER 1119538640

Gross Total DHS Pay: \$ 102.60

Recoupment Amt: \$ 0.00

Total Union Dues / Service fees: \$ 1.19

Net Total DHS Pay: \$ 101.41

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**CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS**

Voucher BFI24109	Voucher Date 08/29/2009
Provider ID Number 4721310	Payment Batch

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID	Pay Period	Auth	Hours Bill	Hours Paid	Charge For Care	DP%	Amount	Error Description	
	32744680	101424456	stempkyg	05/24/2009 - 06/06/2009	90	12	0	\$ 12.00	95%	\$ 0.00	Invalid Billing	
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS										\$ 0.00		
DOCUMENT NUMBER		1119538549	TOTAL									\$ 0.00
	32744680	101424456	stempkyg	06/07/2009 - 06/20/2009	75	28	28	\$ 28.00	95%	\$ 26.60		
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS										\$ 0.00		
DOCUMENT NUMBER		1119538575	TOTAL									\$ 26.60

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Child's Name	Child's ID No.	Case No. _	Specialist ID
Pay Period	Auth	Bill	Paid
	Hours	Charge	DP%
		For Care	Amount
			Error Description

██████████ 32744680 101424456 stempkyg  
 06/21/2009 - 07/04/2009 75 18 18 \$ 18.00 95% \$ 17.10  
 INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS \$ 0.00  
 TOTAL \$ 17.10  
 DOCUMENT NUMBER 1119538579

██████████ 32744680 101424456 stempkyg  
 07/05/2009 - 07/18/2009 75 20 20 \$ 19.00 95% \$ 18.05  
 INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS \$ 0.00  
 TOTAL \$ 18.05  
 DOCUMENT NUMBER 1119538585

██████████ 32744680 101424456 stempkyg  
 08/02/2009 - 08/15/2009 75 31 31 \$ 31.00 95% \$ 29.45  
 INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS \$ 0.00  
 TOTAL \$ 29.45  
 DOCUMENT NUMBER 1119538599

██████████ 32744680 101424456 stempkyg  
 05/24/2009 - 06/06/2009 75 12 12 \$ 12.00 95% \$ 11.40  
 INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS \$ 0.00  
 TOTAL \$ 11.40  
 DOCUMENT NUMBER 1119538640

Gross Total DHS Pay: \$ 102.60  
 Recoupment Amt: \$ 0.00  
 Total Union Dues / Service fees: \$ 1.19  
 Net Total DHS Pay: \$ 101.41

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**CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS**

Voucher	BFI24609	Voucher Date	09/03/2009
Provider ID Number	4721310	Payment Batch	919

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID				
Pay Period	Auth	Hours Bill	Paid	Charge For Care	DP%	Amount	Error Description
08/16/2009 - 08/29/2009	75	32744680 25	25	101424456 \$ 25.00	95%	stempkyg \$ 23.75	
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS						\$ 0.00	
DOCUMENT NUMBER 1119538613						TOTAL \$ 23.75	
Gross Total DHS Pay:						\$ 23.75	
Recoupment Amt:						\$ 0.00	
Total Union Dues / Service fees:						\$ 0.27	
Net Total DHS Pay:						\$ 23.48	

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Date: 09/03/2009

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**CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS**

Voucher BFI24609	Voucher Date 09/03/2009
Provider ID Number 4721310	Payment Batch 919

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID				
Pay Period	Auth	Hours Bill Paid	Charge For Care	DP%	Amount	Error Description	
[REDACTED]	32744680	101424456	stempkyg				
08/16/2009 - 08/29/2009	75	25 25	\$ 25.00	95%	\$ 23.75		
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS					\$ 0.00		
DOCUMENT NUMBER 1119538613					TOTAL	\$ 23.75	
Gross Total DHS Pay:					\$ 23.75		
Recoupment Amt:					\$ 0.00		
Total Union Dues / Service fees:					\$ 0.27		
Net Total DHS Pay:					\$ 23.48		

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