

**Alabama Department of Human Resources
CHILD CARE SERVICES DIVISION
Child Care TAS Adjustment Request Form**

| | |
|---------------------------------|---------------------------------|
| Facility Legal/License Name | Provider 10-Digit ID 5000 _____ |
| Facility Name | County |
| Name of Facility Owner/Operator | Phone |
| Facility Mailing Address | City, State, Zip |
| | Email |

By my signature affixed below, I hereby affirm that I have not received any payment for the children listed below or I received incorrect payment for the children listed below and I assert that I am due payment.

SECTION 1: REASON FOR REQUEST

| | | |
|--|---|---|
| <input type="checkbox"/> Parent did not receive TAS card | <input type="checkbox"/> Pay was incorrect | <input type="checkbox"/> Pay not correct for provider closure day |
| <input type="checkbox"/> POS device was not received | <input type="checkbox"/> Co-pay was incorrect | <input type="checkbox"/> Pay not correct for school closure day |
| <input type="checkbox"/> POS device was not working | <input type="checkbox"/> Received PT payment for FT child | |
| Other _____ | | |
| _____ | | |
| _____ | | |

SECTION 2: CHILD AND PARENT INFORMATION

| Name of Child | Child Authorization ID | Settlement Date | Name of Parent |
|---------------|------------------------|-----------------|----------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

Facility Owner/Operator Signature

Date

SECTION 3: DECISION (to be completed by DHR)

| | |
|--|--|
| <input type="checkbox"/> Approved <input type="checkbox"/> Approved with modifications _____ _____ _____ | <input type="checkbox"/> Denied <input type="checkbox"/> Child paid correctly <input type="checkbox"/> Family/child not eligible <input type="checkbox"/> Past 30 day time frame <input type="checkbox"/> Adjustment paid on _____ <div style="text-align: right;"><i>Settlement date(s)</i></div> Other _____ _____ |
|--|--|

DHR Representative _____ Date _____

Comments:

Alabama Department of Human Resources
CHILD CARE SERVICES DIVISION
Office of Child Care Subsidy

Child Care TAS Adjustment Request

Instructions for Filing a Request with the Child Care TAS Adjustment Review Committee

Requests must be filed on the approved Child Care TAS Adjustment Request Form. **Requests filed on other forms or requests not meeting the following criteria will not be accepted and will be returned to the child care provider. FAX requests will not be accepted and will be returned to the child care provider.**

1. All entries made by a provider on the request form should be printed in **blue** ink or typewritten.
2. You **must** file the original request form with the Child Care Services Division. Copies of any supporting documentation (see #8) **must** be included with the request form.
3. The **facility legal/license name, facility name, name of facility owner/operator, facility mailing address, provider 10-digit ID, county, and phone number** must be included in the space provided. If an adjustment is authorized, reimbursement cannot be issued without this information. Requests without provider 10-digit ID cannot be processed and **will be returned** to the child care facility. The provider 10-Digit ID begins with the number five (5) and if found on the Provider Notice of Registration.
4. **STATUTE OF LIMITATIONS:** The request form must be **received in the Child Care Services Division office** no later than thirty (**30**) calendar days from the direct deposit date. The direct deposit date is listed on the Alabama TAS Provider Payment Schedule located in the Provider Web Portal.
5. **REASON FOR REQUEST:** The *Reason for Request* [Section 1] must be completed so that the TAS Adjustment Review Committee can understand the basis of the request.
6. **CHILD AND PARENT INFORMATION:** The *Child and Family Information* [Section 2] must be completed to include the child's name as it appears on the Provider Web Portal, the Authorization ID (which is the number beginning with a four (4) located next to the child's name), the settlement date (which is located on the Provider Payment Report), and the name of parent. **Only one child or family can be listed on a request form.**
7. **SIGNATURES:** The request must be signed, in **blue** ink, by an authorized representative (facility owner/operator) of the child care program. Request forms not containing **original** signatures, in **blue** ink, will be returned. Requests with photocopied signatures will not be accepted. Fax requests will not be accepted.
8. **SUPPORTING DOCUMENTATION:** The child care facility is responsible for including copies of all documents needed to support his/her request. Acceptable supporting documentation includes the sign-in/sign-out sheets with the parent's full signature for the child for whom reimbursement is requested, a doctors statement, and/or the Provider Communication Notice issued by the CMA.
9. **SUBMITTING REQUESTS:** Mail completed request form and all supporting documentation to:

ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE SERVICES DIVISION
50 N. RIPLEY STREET, P.O. BOX 304000
MONTGOMERY, AL 36130-4000
TELEPHONE (334) 242-1425

The burden of proof rests with the child care provider. Submittal of supporting documentation is the responsibility of the child care provider and not the Child Care TAS Adjustment Review Committee, the Alabama Department of Human Resources, the Child Care Services Division or the Child Care Management Agency.