

**2008 MARKET RATE SURVEY & FISCAL YEAR 2008-09 PROVIDER AGREEMENT APPENDIX C-1**

Location Name:		
Address:		
City:	State:	Zip:
Telephone: ( )	County:	
Type of Program:	<input type="checkbox"/> Center	<input type="checkbox"/> Group <input type="checkbox"/> Family

Enter rates for each age range applicable to your program in the following tables.  
 Enter N/A if the service is not provided.  
 Do **NOT** change the age range listed in the table.  
 Use your rates effective the date indicated.

	0-12 MONTHS	13-24 MONTHS	25-36 MONTHS	37 MONTHS-DATE CHILD ENTERS 1 <sup>ST</sup> GRADE	1 <sup>ST</sup> GRADE UP TO 13 <sup>TH</sup> BIRTHDAY SCHOOL YEAR	1 <sup>ST</sup> GRADE UP TO 13 <sup>TH</sup> BIRTHDAY SUMMER
During the month of <b>February 2008</b> , what did the majority of your private fee families <b>pay</b> weekly per child for <b>FULL DAY</b> care (five days per week, Monday through Friday)?	\$ _____ per week	\$ _____ per week				
<b>As of July 1, 2008</b> , what will the majority of your private fee families <b>pay</b> per child? I understand these will be my rates effective July 1, 2008.	\$ _____ per week		\$ _____ per week			

**THE DEPARTMENT OF PUBLIC WELFARE WILL VALIDATE RATES THROUGH A VERIFICATION PROCESS TO ENSURE ACCURACY.**

**ATTACH YOUR DISCOUNT AND/OR SCHOLARSHIP POLICY WITH A COPY OF YOUR JULY 2008 PUBLISHED RATES**

Enter rates for each age range applicable to your program in the following table.  
 Enter N/A if the service is not provided, **however**, if you have a child who attends part day, but pays a full day rate, enter the full day rate.  
 Do **NOT** change the age range listed in the table  
 Use your rates effective the date indicated.

	0-12 MONTHS	13-24 MONTHS	25-36 MONTHS	37 MONTHS- DATE CHILD ENTERS 1 <sup>ST</sup> GRADE	1 <sup>ST</sup> GRADE UP TO 13 <sup>TH</sup> BIRTHDAY SCHOOL YEAR	1 <sup>ST</sup> GRADE UP TO 13 <sup>TH</sup> BIRTHDAY SUMMER
During the month of <b>February 2008</b> , what did the majority of your private fee families <b>pay</b> weekly per child for <b>PART DAY</b> (five days per week, Monday through Friday)?	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week	
What will the majority of your private fee families <b>pay</b> per child beginning <b>July 1, 2008</b> ? I understand these will be my rates effective July 1, 2008.	\$ _____ per week	\$ _____ per week	\$ _____ per week	\$ _____ per week		\$ _____ per week

**THE DEPARTMENT OF PUBLIC WELFARE WILL VALIDATE RATES THROUGH A VERIFICATION PROCESS TO ENSURE ACCURACY.**

The blended rate for the subsidized child care program is a rate that blends 180 part days and 25 full days to create a standard school year rate. This creates one rate for the school year that incorporates days when a child attends full day.

If you participate in the subsidized child care program, we will pay you a blended rate for school age children unless you indicate differently below.

Check the box if you **DO NOT** want to accept a blended school year rate.

\_\_\_\_\_  
 Provider Representative Signature

\_\_\_\_\_  
 Representative Printed Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

**MAIL, FAX OR HAND-DELIVER YOUR COMPLETED MARKET RATE SURVEY/APPENDIX C-1  
 WITH A COPY OF YOUR DISCOUNT AND/OR SCHOLARSHIP POLICY AND YOUR JULY 2008 PUBLISHED RATES  
 BY \_\_\_\_\_ TO \_\_\_\_\_**