PROVIDER TYPE: Relative/Neighbor

PROVIDER:
CCMIS ID:

COUNTY:

Care Level	Unit of Care	Maximum Child Care Allowance (MCCA)	Standard Payment Rates	Non-Traditional Rates	Blended Rates
Infant	FT	#N/A	**#N/A**	**#N/A**	
Infant	PT	#N/A	**#N/A**	**#N/A**	
Young Toddler	FT	#N/A	**#N/A**	**#N/A**	
Young Toddler	PT	#N/A	**#N/A**	**#N/A**	
Older Toddler	FT	#N/A	**#N/A**	**#N/A**	
Older Toddler	PT	#N/A	**#N/A**	**#N/A**	
Preschool	FT	#N/A	**#N/A**	**#N/A**	**#N/A**
Preschool	PT	#N/A	**#N/A**	**#N/A**	
School-Age	FT	#N/A	**#N/A**	**#N/A**	**#N/A**
School-Age	PT	#N/A	**#N/A**	**#N/A**	

The chart shows non-traditional and blended rates; however, the provider may not apply these rates.

OBSOLETE

PROVIDER SIGNATURE

DATE