

West Virginia Department of Human Services

Provider Notice to Agency

To: _____
Child Care Resource and Referral Agency

Attention: _____
Resource and Referral Worker

Check All That Apply

I. Parents Owe Fees.

☐ As of ___ / ___ / ___, the following parents have not paid the required child care fees which were due to me on ___ / ___ / ___.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

II. Parents Have Paid Fees.

☐ The parents below received closure notices from the R&R agency because they did not pay fees. They have now paid their fees. Please continue their child care services.

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

III. Beginning or Ending Services.

☐ As of ___ / ___ / ___, I (will/will no longer) provide child care services for the following families:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

IV. Forms Needed.

☐ Please send me the following forms:

- ☐ Payment Forms (ECE-CC-10A)
- ☐ Emergency Forms (ECE-CC-10E)
- ☐ Billing & Receipt Forms (ECE-CC-10D)
- ☐ Other _____

- ☐ Child Medicals (SS-CC-3)
- ☐ Provider Notice to Agency (ECE-CC-10F)
- ☐ Attendance Records (ECE-CC-10G)

Sincerely,

Provider Signature

Address: _____

Phone: _____