

Child Care Assistance Program Direct Service Expenditure Adjustment Form

Purpose: This form should be used by county workers to report all expenditure adjustments when the original payment was made using the MEC² Integrated System. This form provides the Department of Human Services with information necessary to adjust each county's earnings within the appropriate child care program.

Refer to Bulletin #08-68-17 for instructions on completion of this form.

COUNTY NAME AND NUMBER	REPORT DATE (mm/yy)
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	Expenditures (A)	Families (B)	Children (C)
1. Regular Basic Sliding Fee recipients			
2. Portability Pool recipients			
3. Minnesota Family Investment Program recipients (includes DWP)			
4. Transition Year recipients			
5. Transition Year Extension recipients			

This is to certify that the information reported on all parts of this form is accurate and true to the best of my knowledge and belief.

REPORT PREPARED BY	PHONE NUMBER
DIRECTOR'S SIGNATURE	DATE

Print this form, obtain director's signature and mail to:

MN Department of Human Services
ATTN: Cindy Barnier
P. O. Box 64940
St. Paul, MN 55164-0940