DHHS Helpful Hints

- The Mecosta County Department of Health and Human Services Office is located at 800
 Watertower Rd, Big Rapids, MI 49307. 231-796-4335. Families are encouraged to contact the
 office to see if qualifications are met to receive Child Care Assistance.
- For those families who are applying for DHHS, Early Learning Center will allow payments in the amount of 1/3 of the weekly tuition charge for up to four weeks. After this time, full payment will be expected in order to continue to receive childcare service.
- If eligible, DHHS will authorize a certain number of hours within a bi-weekly time period.
 Please note ELC is open for 100 hours in a bi-weekly time period for a Monday-Friday contract. A Monday-Wednesday-Friday contract is 60 hours, and a Tuesday-Thursday contract is 40 hours.
- Families will be authorized 20, 40, 60, 80 or 90 hours in a two-week period. For families who are authorized 20 hours in a two-week period, reimbursement will be given for the exact hours in attendance. For those families who are authorized for 40 or more hours, reimbursement will be given in "blocks" for children who are here for more than 30 hours. The "block" payment will be 60, 80 or 90 hours. (For example, if a child is authorized 60 hours and is in attendance for 32 hours, a block payment for 60 hours will be given. If the child is here 28 hours, payment for 28 hours will be given.)
- If eligible, DHHS will also authorize a percent covered for child care assistance. The reimbursement amounts are:

Child's Age:	DHS Reimbursement Rate
0-2 ½ years**	\$5.00/hr
2 ½ years and up	\$3.75/hr

^{**}Please note: Toddlers typically move to the Preschool room at 30 months of age. However, there may be situations where they may stay in the Toddler room for another semester. At 30 months the reimbursement rate goes down, but the ELC charge stays the same.

• Please remember ELC does **not** charge by the hour, the hourly rates listed below are to help parents understand the DHHS procedures.

Classroom	FSU Student Rate		Non-student Rate			
# of Days	M – F	M/W/F	T/R	M – F	M/W/F	T/R
	5 days	3 days	2 days	5 days	3 days	2 days
Infant/Toddler	\$215	\$160	\$114	\$244	\$186	\$136
	\$4.30	\$5.34	\$5.70	\$4.88	\$6.20	\$6.80
Preschool/PreK	\$174	\$129	\$92	\$201	\$146	\$115
	\$3.48	\$4.30	\$4.60	\$4.02	\$4.87	\$5.75

- DHHS will only reimburse for the actual hours that the child is in attendance, rounded up for the "block hours". ELC charges regardless if the child is in attendance.
- DHHS will reimburse for Holidays that ELC charges for.
- If your child is sick or has a doctor appointment, DHHS will reimburse for sick time **only if** the parent notifies ELC if the child is sick or has an appointment.
- DHHS will only reimburse up to a maximum of 208 sick/holiday hours during the period from October 1st through September 30th.
- ELCis required to report the child's attendance using the sign in/out sheet. DHHS uses the following rounding formula:
 - o If the minutes are between 1-15: round down to 0 (for example, 8:02-4:05= 8 hrs)
 - o If the minutes are between 16-45: round to .5 (for example, 8:02-4:38= 8.5 hrs)
 - o If the minutes are between 46-59: round to the next hour (for example, 8:02-4:48 = 9hrs)
- Parents are required to accurately sign their child in/out. Falsifying documents may result in loss off assistance.
- It is the parent's responsibility to report their information to the DHHS office. Failure to do so will impact the reimbursement, and the parents will be held financially responsible for their account balance.

Two Week Estimation Formula* *This is intended as an example only. Each family with have different data to input.

	d of a Ferris student, aged 3 who lare authorized for 80 hours every t	
80	\$3.75	\$300.00
# of DHS authorized hours	x DHHS reimbursement rate	= maximum amount of biweekly DHHS reimbursement
100	\$3.48	\$348.00
ELC contracted hours	x ELC contract rate =	total ELC bi-weekly charge
\$348.00	\$300.00	\$48.00
ELC charge -	Maximum DHHS = Reimbursement	Minimum bi-weekly balance (parent responsibility)
The actual amount reimbursed is demonstration, we will say the child		
28	\$3.75	\$105.00
# of hours in x attendance	DHHS reimbursement rate =	total reimbursement
\$348.00	\$105.00	\$243.00
ELC contract amount	- DHHS reimbursement =	remaining bi-weekly balance (parent responsibility)
By signing below, I acknowledge that understand this worksheet is for estimated necessary paperwork and information reimbursement funds. I understand reimbursement.	mation purposes only, and that it is n to the DHHS office. Failure to d	s my responsibility to turn in all
Parent Signature	 Manager's	Signature
Date	Date	

Blank Two Week Estimation Formula

# of DHHS authorized hours	x DHHS reimbursement rate	= maximum amount of biweekly DHHS reimbursement
ELC contracted hours	x ELC contract rate	total biweekly charge
ELC charge -	Maximum DHS = Reimbursement	Minimum bi-weekly balance (parent responsibility)
The actual amount reimbursed	is based on the number of hour	s the child is in attendance.
# of hours in x attendance	DHHS reimbursement rate = -	total reimbursement
ELC contract amount -	DHHS reimbursement = ren	naining bi-weekly balance (parent responsibility)