



**EMPLOY MILWAUKEE
PARTICIPANT CHILDCARE EXPENSE REIMBURSEMENT REQUEST
AND CHILDCARE LOG**

Participant Name: _____ ASSET PIN: _____

Service Participating In: _____

For the Month of: _____ Year: _____

Child or dependent care reimbursement rate is reimbursed using the Wisconsin Department of Children and Families Child Care Subsidy Maximum Rates. Milwaukee County rates are shown on page 12 using the following link:

<https://dcf.wisconsin.gov/files/wishares/pdf/max-rates-statewide.pdf>

CHILDCARE

Hours on attached log(s): _____	_____ X rate \$ _____ = \$ _____ (Child 1)
	_____ X rate \$ _____ = \$ _____ (Child 2)
	_____ X rate \$ _____ = \$ _____ (Child 3)
	_____ X rate \$ _____ = \$ _____ (Child 4)

Childcare Total: \$ _____

Participant Signature: _____ Date: _____

Career Planner Signature: _____ Date: _____

Employ Milwaukee is an Equal Opportunity employer and service provider. If you need this information or printed material in an alternate format, or in different language, at no cost to you, please contact us at (414)-270-1700. Deaf, hard of hearing, or speech impaired callers can contact us through Wisconsin Relay Service at 7-1-1.



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PARTICIPANT CHILDCARE EXPENSE REIMBURSEMENT REQUEST
AND CHILDCARE LOG

Participant Name: _____

Care Provider

Name:
Street Address:
City, State, Zip:
Phone #:
SS or FEIN #:

Child

Name Age

Timesheet for the month of: _____ Year: _____

Table with 5 columns: Day, Date, Start Time, Stop Time, # of Hours. Rows for days of the week (Monday-Friday) repeated 12 times.

NOTE: You must submit this reimbursement request and any receipts no later than 10 business days from the last expense date identified on this form.

NOTE: A Monthly Attendance Record MUST be submitted for each month you submit a Childcare Reimbursement request.

Total # of Hours: _____

Participant Signature: _____ Date: _____

Career Planner Signature: _____ Date: _____

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