

VOUCHER: 2009FIO1002249
 VOUCHER DATE: 01/10/2009
 PROVIDER ID NO: 9015309
 PAYMENT PERIOD: 12/21/08 TO 01/03/09
 PAY PERIOD NO: 901

IVES DAWN L

812 REGENT DRIVE
 PETOSKEY MI 49770

CONSISTENT WITH THE 2006 ELECTION OF THE CHILD CARE PROVIDERS TOGETHER MICHIGAN UNION, AND IN COMPLIANCE WITH ITS CONTRACT, BEGINNING JANUARY 2009, A 1.15% DUES/FAIR SHARE FEE DEDUCTION WILL BE MADE FROM ALL IN-HOME CHILD DAY CARE PROVIDERS' CDC STATE PAYMENTS. FOR FURTHER INFORMATION CONTACT 1-888-375-9969.

CHILD'S NAME	CHILD'S ID NO.	CASE NO	WRKER NUMBER	ERROR DESCRIPTION
PAY PERIOD	AUTH HOURS	BILL PAID FOR CARE	DP% AMOUNT	

[REDACTED]	11155455	V3646012A	2400000116	
12/21/08-01/03/09	50	56	50	\$80 90% \$72.00 BILLING GREATER THAN AUTH. HOURS NOT PAID = 6
DOCUMENT NUMBER=	1118827108			

GROSS TOTAL DHS PAY	\$72.00
REDUPMENT AMT	\$0.00
DUES AMOUNT	\$0.83
NET TOTAL DHS PAY	\$71.17

VOUCHER: 2009FIO2002316
 VOUCHER DATE: 01/24/2009
 PROVIDER ID NO: 9015309
 PAYMENT PERIOD: 01/04/09 TO 01/17/09
 PAY PERIOD NO: 902

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THE DEPARTMENT OF HUMAN SERVICES WILL BEGIN SENDING IRS 1099 FORMS TO PROVIDERS WITH THE EXCEPTION OF DAY CARE AIDES DURING THE WEEK OF JANUARY 19, 2009. SOME PROVIDERS WILL RECEIVE TWO 1099S DUE TO THE DEPARTMENTS CONVERSION TO A NEW COMPUTER SYSTEM. PROVIDERS THAT RECEIVE TWO 1099S MUST KEEP BOTH 1099S. PLEASE ADD AMOUNTS FROM BOTH 1099S RECEIVED TO REPORT INCOME FOR YOUR 2008 INCOME TAX RETURN.

CHILD'S NAME	CHILD'S ID NO.	CASE NO	WORKER NUMBER	PAY PERIOD	AUTH	BILL PAID	FOR CARE	DP%	AMOUNT	ERROR DESCRIPTION
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[REDACTED]	11155455	V3646012A	2400000116	01/04/09-01/17/09	50	25	25	\$80	90%	\$46.80	
DOCUMENT NUMBER=		1118851455									

GROSS TOTAL DHS PAY	\$46.80
RECOUPMENT AMT	\$0.00
DUES AMOUNT	\$0.54
NET TOTAL DHS PAY	\$46.26

VOUCHER: 2009FIO3002263
 VOUCHER DATE: 02/07/2009
 PROVIDER ID NO: 9015309
 PAYMENT PERIOD: 01/18/09 TO 01/31/09
 PAY PERIOD NO: 903

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CHILD'S NAME	CHILD'S JD NO.	CASE NO	WORKER NUMBER	PAY PERIOD	AUTH	BILL	PAID	FOR CARE	DP%	AMOUNT	ERROR DESCRIPTION
[REDACTED]	11155455	V3646012A	2400000116	01/18/09-01/31/09	50	25	25	\$80	90%	\$46.80	
	DOCUMENT NUMBER*	1118885655									
[REDACTED]	39258895	V3993504A	2400000106	01/18/09-01/31/09	50	54	50	\$216	95%	\$98.80	BILLING GREATER THAN AUTH.
	INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS									\$14.25	
	DOCUMENT NUMBER*	1118885655								\$113.05	HOURS NOT PAID = 4
										\$158.85	
										\$0.00	
										\$1.68	
										\$158.17	

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VOUCHER: 2009FIO4002125
 VOUCHER DATE: 02/20/2009
 PROVIDER ID NO: 9015309
 PAYMENT PERIOD: 02/01/09 TO 02/14/09
 PAY PERIOD NO: 904

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CHILD'S NAME	CHILD'S ID NO.	CASE NO	WORKER NUMBER	ERROR DESCRIPTION
PAY PERIOD	HOURS	CHARGE	DP%	AMOUNT
AUTH BILL PAID FOR CARE				
[REDACTED]	11155455	V3646012A	2400000116	
02/01/09-02/14/09 50	25 25	\$80	90%	\$46.80
DOCUMENT NUMBER=	1118924818			
[REDACTED]	39258895	V3993504A	2400000106	
02/01/09-02/14/09 50	44 44	\$175	95%	\$86.94
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS				\$12.54
		TOTAL		\$99.48
DOCUMENT NUMBER=	1118924818			
GROSS TOTAL DHS PAY				\$146.28
RECOUPMENT AMT				\$0.00
DUES AMOUNT				\$1.54
NET TOTAL DHS PAY				\$144.74

VOUCHER: 2009FIO5002127
 VOUCHER DATE: 03/06/2009
 PROVIDER ID NO: 9015309
 PAYMENT PERIOD: 02/15/09 TO 02/28/09
 PAY PERIOD NO: 905

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EFFECTIVE 3/15/09 (PAY PERIOD 907), DHS WILL NO LONGER MAIL THE DHS-805, CDC BILLING/REPORTING RECORD. CDC PROVIDERS ARE STILL REQUIRED TO MAINTAIN DAILY TIME AND ATTENDANCE RECORDS. CERTIFIED BY THE PARENT OF THE CHILDREN IN THEIR CARE. FOR FOUR YEARS.

CHILD'S NAME	CHILD'S ID NO.	CASE NO	WORKER NUMBER	ERROR DESCRIPTION
PAY PERIOD	HOURS	CHARGE	AMOUNT	
AUTH	BILL	PAID FOR CARE	DP%	
[REDACTED]	11155455	V3646012A	2400000116	
02/15/09-02/28/09	50	28 28	\$90 90%	\$52.41
DOCUMENT NUMBER=	1118970789			
[REDACTED]	39258895	V3993504A	2400000106	
02/15/09-02/28/09	50	59 50	\$250 95%	\$98.80
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS				\$14.25
DOCUMENT NUMBER=	1118970789	TOTAL		\$113.05
				HOURS NOT PAID = 9
GROSS TOTAL DHS PAY				\$165.46
RECOUPMENT AMT				\$0.00
DUES AMOUNT				\$1.74
NET TOTAL DHS PAY				\$163.72

DEPARTMENT OF HUMAN SERVICES
 CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS
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VOUCHER: 2009FIO6001789
 VOUCHER DATE: 03/20/2009
 PROVIDER ID NO: 9015309
 PAYMENT PERIOD: 03/01/09 TO 03/14/09
 PAY PERIOD NO: 906

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THE FOLLOWING CHANGES WILL TAKE PLACE ON APRIL 5, 2009:
 INTERNET BILLING WILL HAVE A NEW LOOK AND WILL BE THE EASIEST WAY TO
 BILL.
 TELEPHONE BILLING WILL REQUIRE ENTRY OF DAILY CHILD CARE AND
 ILL/HOLIDAY HOURS.

CHILD'S NAME	CHILD'S ID NO.	CASE NO	WORKER		
PAY PERIOD	HOURS	CHARGE	NUMBER	DP%	AMOUNT
	AUTH BILL	PAID FOR CARE			
					ERROR DESCRIPTION
[REDACTED]	11155455	V3646012A	2400000116		
03/01/09-03/14/09	50	25 25	\$80	90%	\$46.80
DOCUMENT NUMBER=		1118996227			
[REDACTED]	39258895	V3993504A	2400000106		
03/01/09-03/14/09	50	45 45	\$45	95%	\$42.75
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS					\$12.82
		TOTAL			\$55.57
DOCUMENT NUMBER=		1118996227			
GROSS TOTAL DHS PAY					\$102.37
RECOUPMENT AMT					\$0.00
DUES AMOUNT					\$1.03
NET TOTAL DHS PAY					\$101.34

DEPARTMENT OF HUMAN SERVICES
 CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS
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VOUCHER: 2008F126050698
 VOUCHER DATE: 01/02/2009
 PROVIDER ID NO: 9015309
 PAYMENT PERIOD: 12/07/08 TO 12/20/08
 PAY PERIOD NO: 826

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CHILD/S NAME	CHILD'S ID NO.	CASE NO	WORKER NUMBER	ERROR DESCRIPTION
PAY PERIOD	AUTH HOURS	BILL PAID FOR CARE	DP% AMOUNT	
12/07/08-12/20/08	50 36	36	V3646012A 2400000116	
DOCUMENT NUMBER=		1118800761	\$80 90%	\$67.39
GROSS TOTAL DHS PAY				\$67.39
RECOUPMENT AMT				\$0.00
DUES AMOUNT				\$0.77
NET TOTAL DHS PAY				\$66.62

DEPARTMENT OF HUMAN SERVICES
 CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS
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VOUCHER: 2009FIO9001273
 VOUCHER DATE: 05/01/2009
 PROVIDER ID NO: 9015309
 PAYMENT PERIOD: 04/12/09 TO 04/25/09
 PAY PERIOD NO: 909

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THE FOLLOWING CHANGES WILL TAKE PLACE ON APRIL 5, 2009:
 INTERNET BILLING WILL HAVE A NEW LOOK AND WILL BE THE EASIEST WAY TO
 BILL.
 TELEPHONE BILLING WILL REQUIRE ENTRY OF DAILY CHILD CARE AND
 ILL/HOLIDAY HOURS.

CHILD'S NAME	CHILD'S ID NO.	CASE NO	WORKER NUMBER	PAY PERIOD	HOURS AUTH	BILL PAID	CHARGE FOR CARE	DP%	AMOUNT	ERROR DESCRIPTION
[REDACTED]	11155455	V3646012A	2400000116	03/15/09-03/28/09	50	20	20	90%	\$37.44	LATE BILLING FOR PERIOD 907
	DOCUMENT NUMBER=	1119114473								
	03/29/09-04/11/09	50	34	34	\$80	90%	\$63.64	LATE BILLING FOR PERIOD 908		
	DOCUMENT NUMBER=	1119114503								
	04/12/09-04/25/09	50	5	5	\$20	90%	\$9.36			
	DOCUMENT NUMBER=	1119114521								
[REDACTED]	39258895	V3993504A	2400000106	03/15/09-03/28/09	50	37	37	95%	\$73.11	LATE BILLING FOR PERIOD 907
	INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS								\$10.54	
	DOCUMENT NUMBER=	1119114473							TOTAL \$83.65	
	03/29/09-04/11/09	50	36	36	\$142	95%	\$71.13	LATE BILLING FOR PERIOD 908		
	INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS								\$10.26	
	DOCUMENT NUMBER=	1119114503							TOTAL \$81.39	
	04/12/09-04/25/09	50	43	43	\$174	95%	\$84.96			
	INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS								\$12.25	
	DOCUMENT NUMBER=	1119114521							TOTAL \$97.21	
	GROSS TOTAL DHS PAY								\$372.69	
	RECOURPMENT AMT								\$0.00	
	DUES AMOUNT								\$3.91	
	NET TOTAL DHS PAY								\$368.78	

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 DHS employees are prohibited by law from providing legal advice.
 Si usted no entiende esto, llame a una oficina de DHS en su área.
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CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS

Voucher BFI14209	Voucher Date 05/22/2009
Provider ID Number 9015309	Payment Batch 911

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID				
Pay Period	Auth	Hours Bill Paid	Charge For Care	DP%	Amount	Error Description	
[REDACTED]	39258895	101387112	huntj3				
04/26/2009 - 05/09/2009	80	18 18	\$ 72.00	95%	\$ 35.57		
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS						\$ 5.13	
DOCUMENT NUMBER 1119180474					TOTAL	\$ 40.70	
Gross Total DHS Pay:						\$ 40.70	
Recoupment Amt:						\$ 0.00	
Total Union Dues / Service fees:						\$ 0.41	
Net Total DHS Pay:						\$ 40.29	

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CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS

Voucher	BF114909	Voucher Date	05/29/2009
Provider ID Number	9015309	Payment Batch	912

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID				
Pay Period	Auth	Hours Bill	Paid	Charge For Care	DP%	Amount	Error Description
[REDACTED]		39258895		101387112		huntj3	
05/10/2009 - 05/23/2009	80	47	47	\$ 85.00	95%	\$ 80.82	
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS						\$ 13.40	
DOCUMENT NUMBER						1119202024	
						TOTAL	\$ 94.22
Gross Total DHS Pay:						\$ 94.22	
Recoupment Amt:						\$ 0.00	
Total Union Dues / Service fees:						\$ 0.93	
Net Total DHS Pay:						\$ 93.29	

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CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS

Voucher BF116709	Voucher Date 06/16/2009
Provider ID Number 9015309	Payment Batch 913

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID				
Pay Period	Auth	Hours Bill	Paid	Charge For Care	DP%	Amount	Error Description
[REDACTED]		39258895		101387112		huntj3	
05/24/2009 - 06/06/2009	80	53	53	\$ 210.00	95%	\$ 104.73	
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS						\$ 15.11	
DOCUMENT NUMBER 1119277245						TOTAL	\$ 119.84
Gross Total DHS Pay:						\$ 119.84	
Recoupment Amt:						\$ 0.00	
Total Union Dues / Service fees:						\$ 1.20	
Net Total DHS Pay:						\$ 118.64	

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CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS

Voucher BF117709	Voucher Date 06/26/2009
Provider ID Number 9015309	Payment Batch 914

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID				
Pay Period	Auth	Hours Bill Paid	Charge For Care	DP%	Amount	Error Description	
██████████	39258895	101387112	huntj3				
06/07/2009 - 06/20/2009	80	57 57	\$ 230.00	95%	\$ 112.63		
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS					\$ 16.25		
DOCUMENT NUMBER 1119298828					TOTAL	\$ 128.88	
Gross Total DHS Pay:					\$ 128.88		
Recoupment Amt:					\$ 0.00		
Total Union Dues / Service fees:					\$ 1.30		
Net Total DHS Pay:					\$ 127.58		

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CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS

Voucher BF120409	Voucher Date 07/23/2009
Provider ID Number 9015309	Payment Batch 916

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID				
Pay Period	Auth	Hours Bill	Paid	Charge For Care	DP%	Amount	Error Description
[REDACTED]		39258895		101387112		huntj3	
07/05/2009 - 07/18/2009	80	46	46	\$ 184.00	95%	\$ 90.90	
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS						\$ 13.11	
DOCUMENT NUMBER 1119406580						TOTAL	\$ 104.01
Gross Total DHS Pay:						\$ 104.01	
Recoupment Amt:						\$ 0.00	
Total Union Dues / Service fees:						\$ 1.05	
Net Total DHS Pay:						\$ 102.96	

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CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS

Voucher BFI21809	Voucher Date 08/06/2009
Provider ID Number 9015309	Payment Batch 917

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID				
Pay Period	Auth	Hours Bill Paid	Charge For Care	DP%	Amount	Error Description	
[REDACTED]	39258895	101387112	huntj3				
07/19/2009 - 08/01/2009	80	48 48	\$ 192.00	95%	\$ 94.85		
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS					\$ 13.68		
DOCUMENT NUMBER 1119477916					TOTAL	\$ 108.53	
Gross Total DHS Pay:					\$ 108.53		
Recoupment Amt:					\$ 0.00		
Total Union Dues / Service fees:					\$ 1.09		
Net Total DHS Pay:					\$ 107.44		

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CHILD DEVELOPMENT AND CARE STATEMENT OF PAYMENTS

Voucher	BF123209	Voucher Date	08/20/2009
Provider ID Number	9015309	Payment Batch	918

CDC Relative Care Providers and Child Care Aides are required to report to the local DHS office a change in address within 10 days of the occurrence. Failure to do so may result in termination of provider enrollment.

Child's Name	Child's ID No.	Case No.	Specialist ID				
Pay Period	Auth	Hours Bill	Paid	Charge For Care	DP%	Amount	Error Description
[REDACTED]	39258895	101387112				huntj3	
08/02/2009 - 08/15/2009	80	67	67	\$ 268.00	95%	\$ 132.39	
INCENTIVE - CARING FOR CHILD UNDER 2.5 YRS						\$ 19.10	
DOCUMENT NUMBER 1119477909						TOTAL	\$ 151.49
Gross Total DHS Pay:						\$ 151.49	
Recoupment Amnt:						\$ 0.00	
Total Union Dues / Service fees:						\$ 1.52	
Net Total DHS Pay:						\$ 149.97	

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Child's Name	Child's ID No.			Case No.	Specialist ID		
	Hours			Charge			
Pay Period	Auth	Bill	Paid	For Care	DP%	Amount	Error Description

Gross Total DHS Pay:	\$ 31.65
Recoupment Amt:	\$ 0.00
Total Union Dues / Service fees:	\$ 0.32
Net Total DHS Pay:	\$ 31.33

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