



# EL DORADO COUNTY EARLY CARE AND EDUCATION PLANNING COUNCIL

## CARES Provider Invoice

Provider Name: \_\_\_\_\_  
(First & Last Name- Please Print)

Permit level to be obtained during program year: \_\_\_\_\_

Advisor Name: \_\_\_\_\_  
(First & Last Name- Please Print)

February 2008 Payment #1 - \$450.00

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant is maintaining continuous employment in the same early care and education program in El Dorado County: \_\_\_\_ Yes \_\_\_\_ No  
Participant is working with children ages 0-5 years **OR** working directly in a State Subsidized center-based program, for pay, a minimum of 15 hours per week in El Dorado County: \_\_\_\_ Yes \_\_\_\_ No  
Participant has completed 3 units of course work toward the above stated child development permit: \_\_\_\_ Yes \_\_\_\_ No

CARES Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

EDCOE/LPC Authorization \_\_\_\_\_ Date \_\_\_\_\_ PO # \_\_\_\_\_

June 2008 Payment #2 - \$450.00

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Participant is maintaining continuous employment in the same early care and education program in El Dorado County: \_\_\_\_ Yes \_\_\_\_ No  
Participant is working with children ages 0-5 years **OR** working directly in a State Subsidized center-based program, for pay, a minimum of 15 hours per week in El Dorado County: \_\_\_\_ Yes \_\_\_\_ No  
Participant has completed 3 units of course work toward the above stated child development permit: \_\_\_\_ Yes \_\_\_\_ No

CARES Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

EDCOE/LPC Authorization \_\_\_\_\_ Date \_\_\_\_\_ PO # \_\_\_\_\_

**\*For FIRST Payment, please return entire form. After LPC signs form, form will be returned to you.**

**\*For SECOND Payment, please return entire form.**