



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 - \$1050.00

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 - \$1050.00

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.**