

**South Carolina Department of Social Services
ABC Quality Rating and Improvement System
PROVIDER RATE FORM**

New Increase
 Change Decrease

The rate to be reimbursed under this Agreement shall not exceed the maximum rate established by the SC Voucher Program for the type of care provided, nor shall it exceed the provider's facility cost for private paying clients except when there are different facility costs charged for different ages within care types. When there are different facility costs charged for different ages within care types, the SC Voucher Program will pay the average of all rates.

The rates under this Agreement are as follows:

Full-Day Care (Weekly)

Age	Rate	Facility Cost
0-2	\$	\$
3-5	\$	\$
6-12	\$	\$
13-18	\$	\$

Half-Day Care (Weekly)

Age	Rate	Facility Cost
0-2	\$	\$
3-5	\$	\$
6-12	\$	\$
13-18	\$	\$

Do you charge a registration fee? (Check one) Yes No

Second Child Discount Percentage: _____ % off facility cost. Second child discounts apply to all children except the youngest.

I certify that the facility cost, registration fee and second child discount set forth above is the actual cost that I charge private paying clients. I further certify that I shall comply with all conditions of this rate certification form as a condition of payment.

Child Care Provider: _____ Date: _____
Signature of Owner or Authorized Agent of Owner

Facility/Provider Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Federal ID/Social Security Number: _____ County: _____

SCDSS USE ONLY: Check one from each column

<input type="checkbox"/> Center <input type="checkbox"/> Group <input type="checkbox"/> Family	<input type="checkbox"/> Urban <input type="checkbox"/> Rural	<input type="checkbox"/> Level A+ <input type="checkbox"/> Level A <input type="checkbox"/> Level C
<input type="checkbox"/> Exempt Center		<input type="checkbox"/> Level B+ <input type="checkbox"/> Level B

As of the below effective date, all new clients and reauthorized clients will be approved using the rates from this form.

Authorized Signature of the SCDSS

Effective Date of Change