

**South Carolina Department of Social Services
SC Voucher Program
LEVEL C PROVIDER RATE CERTIFICATION FORM**

New Increase
 Change Decrease

The service rates to be reimbursed under this Rate Certification shall not exceed the maximum rate established by the SC Voucher Program for the type of care provided. The rates shall not exceed the provider's actual rate for all other children. When there are different actual rates charged for different ages within care types, the SC Voucher Program will pay up to the highest rate charged within a care type for that care type, not to exceed the maximum rates established. The rates under this Agreement are as follows:

Full-Time Child Care (Weekly)

Age	SC Voucher Program Rate (Not to exceed SC Voucher Program Max Rate)	Facility Rate (Weekly rate you charge parents)
0-2	\$	\$
3-5	\$	\$
6-12	\$	\$
13-18*	\$	\$

Half-Time Child Care (Weekly)

Age	SC Voucher Program Rate (Not to exceed SC Voucher Program Max Rate)	Facility Rate (Weekly rate you charge parents)
0-2	\$	\$
3-5	\$	\$
6-12	\$	\$
13-18*	\$	\$

Less Than Half-Time Child Care (Weekly)

Age	SC Voucher Program Rate (Not to exceed SC Voucher Program Max Rate)	Facility Rate (Weekly rate you charge parents)
0-2	\$	\$
3-5	\$	\$
6-12	\$	\$
13-18*	\$	\$

* Denotes child care arrangements for Special Needs

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

Second Child Discount Percentage: _____ % off service cost. Second child discounts apply to all children in the same family except the youngest.

I certify that the facility cost 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: (____) _____

Federal ID/Social Security Number: _____ County: _____

SCDSS USE ONLY: Center Group Family

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