

Rate Sheet for Exempt Providers

Sections 1, 2, & 3 and signatures must all be completed:

1. **Parent's Name** (please print) _____

Provider's Name (please print) _____

2. **Part time rate:**

Per Hour -

3. **Full time rate (6 hours or more):**

Per Day (no hourly) -

Other rates that may apply:

I hereby verify that the above rates are the same rates I would charge any family. I understand that Valley Oak Children's Services may not be able to pay the full rate and that the parent will be responsible for the balance.

Provider's signature

Date

Provider's name printed