HOW TO COMPLETE A 2145

Completing the Front of the 2145

Enter the Month and Year in the top right corner.

Sacramento County Stage One Child Care - Request for Reimbursement 2145 Form SUBMIT COMPLETE FORM TO: DHA, 7405 Greenhaven Drive, Sacramento, CA 95831 or DHA-Child-Care-2145s@saccounty.net

Month/Year of Care
July 2020

PARENTS - Complete the Parent Information in Section 1

- Make sure the parent(s) full name (first and last name) is entered along with a complete home address and contact phone number in case the
 Department of Human Assistance needs to reach you to verify any information.
- Parent Activity Information must complete with full employment name, address, and schedule. Entries such as "Work" for the Activity Name, "Watt, Sacramento CA" for the Activity Address and "Varies" for the Activity Schedule are not complete entries.
- If the parent does not have an assigned activity, check the "Other" box.
- If the second parent is in the home, also **complete the Parent 2 information** in full. If the second parent is NOT in the home, make sure the "Check here if not in the home" box shown below is checked.

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PARENTS - Complete the Child Information in Section 2

- Enter the Full Name, Date of Birth, and Age of the child in each section.
- Enter the School Name, Track, and Grade if the child is in a preschool program separate from daycare, or if the child is Kindergarten thru high school.
- Complete the Travel Time each way from child care to the parent activity.

SECTION 1 AND 2 TO BE COMPLETED BY PARENT ONLY						
SECTION 1 - Parent Information	SECTION 2 - Child Information	ONLY				
Parent 1 Name: Jane Smith	Child's Full Joey Smith	FID:				
Activity Type: x Work School CWEX Job Club Other	Name:	CID:				
Activity Name: Target	Child's Home	PID:				
Activity Address: 1256 Target	Address: 1111 Sunny Lane Sacrament, CA 95959	TID:				
City, State & Zip: Sacramento, 95959	City, State & Zip:	County Date Stamp:				
Activity Schedule Mon-Sun, 3-6 days per week	Phone: (916) 555-5555					
(indicate days & times): between 8am-10pm	Date of Birth: 8/7/2013 Age: 6					
Parent 2 Name (if in the home): Check here if not in the home:	School Sunnyside Elementary School					
Joseph Smith	Name:					
Activity Type: Work X School CWEX Job Club Other	Track: A Grade: 1st					
Activity Name: American River College	Travel time from provider to activity Case #:	1				
Activity Address: 5555 River	is					
City, State & Zip: Carmichael, 95555	30					
Activity Schedule Mon, Wed, Fri 8am-12pm	minutes each way. CCPU HSS:]				
(indicate days & times):						

PROVIDERS - Complete the Child Care Provider Information in Section 3

- Select the Type of Facility. If you are a Relative Provider, make sure to circle the relationship to the child.
- Complete Provider Name and Doing Business As Name. If incorporated, enter Tax ID. If not, enter the last four digits of your Social Security Number.
- Complete the Address where Care is Provided and the Provider's Billing Address in full. Enter a valid Phone Number where you can easily be
 reached if the Department of Human Assistance needs to verify information on the 2145.

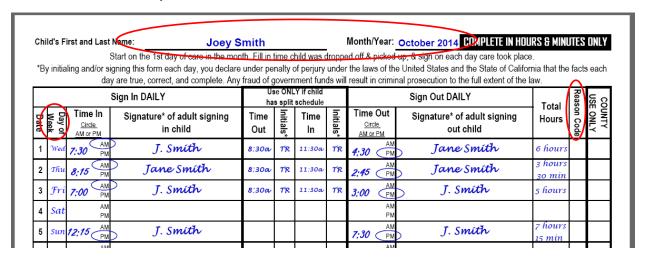
PROVIDERS - Complete the Child Care Provider Billing Summary in Section 4

- Enter the rate(s) you are charging for the month for the specific child the form is for. If you are charging multiple rates, enter each rate you are charging on separate lines. Enter the number of weeks, days, or hours you are charging each rate for. If this form is completed electronically, the calculations will be done automatically in red. If this form is completed by hand, calculate the total charges for each rate and enter the Total Billed for This Month at the bottom. If licensed and due in the month of care being completed, enter any Registration Fees based on your rate sheet.
- DO NOT simply enter every rate you charge on your rate sheet only enter rates that you are charging for this month and this child.

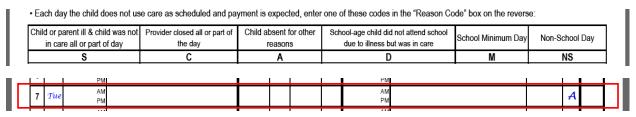
	SECTIO	ON 3 AND 4 TO BE COM	PLETED BY PR	OVI	DER ONLY				
SECTION 3 - Child Gare Provide Type of Provider: Child Licensed Family Child Care Home	SECTION 4 - Child Care Provider Billing Summary Enter all numbers as decimals. If completed electronically, the worksheet will calculate as currency & compute a Total Billed amount at the bottom. If completed by hand, calculate totals in currency, add up all amounts entered, and enter a total in the Total Billed section at the bottom. For Evening & Weekenn Rates, enter a unit type in the empty box, i.e. hours, days, etc. ONLY ENTER AMOUNTS YOU ARE ACTUALLY BILLING. Monthly Rate: \$ Month =								
Provider Name: Learning C	enter	Trustline Provider.)	Weekly Rate: Weekly Rate:	\$	\$150.00 \$110.00	X X	2.00 2.20	Weeks =	\$300.00 \$242.00
Doing Business As (DBA) Name: Learning C	enter		Weekly Rate: Weekly Rate:			X X		Weeks = Weeks =	
Last four digits of provider's SSN or Tax ID if incorporated:	345678		Daily Rate: Daily Rate:			X X		Days = Days =	
Address Where Care is Provided: 9999 F	Check un Lane	here if new address:	Hourly Rate: Hourly Rate:			X X		Hours = Hours =	
City, State & Zip: Sacramer Provider's Billing Address:	nto, CA 95959 Check	here if new address:	Evening Rate: Weekend Rate:			X X			
9999 F City, State & Zip: Sacramer	Registration Fee due for licensed providers as per rate sheet: Month Annual Registration Fee is due as per rate sheet:					\$75.00 October			
Phone Number: (916) 777	FOTAL BILLED FOR THIS MONTH:					\$617.00			

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- Enter the Child's Full Name and the Month and Year of Care at the top. If you are completing the 2145 electronically, these boxes, the Day of the Week boxes and the Reason Code boxes are the only ones that can be completed electronically (see circled boxes). The remainder of the form needs to be completed by hand when the child is signed in and out each day.
- Enter the Day of the Week that lines up with the calendar date for the month. For example, if the 1st of the month is a Saturday, the Day of Week box on the 1st would be noted as Saturday, the 2nd Sunday, the 3rd Monday, and so on.
- Each day the child uses child care, have the parent or adult dropping child off enter the Time In, circle AM or PM and enter a signature at drop off. Signature can be full legal signature OR be the first initial and last name.
- **PROVIDERS** If child leaves care for school <u>AND WILL RETURN</u> to care after school, enter the Time Out as the time the child leaves child care and enter your initials. When the child returns to child care, enter the Time In and your initials. If child leaves care for school and DOES NOT RETURN, enter the time child left your care in the daily Time Out section. *Remember DHA does not pay for provider travel time to and from drop off and pick up when the child is not in your care. Only enter times that the child is under your supervision as child care hours.
- When the child is picked up from care, have the parent or adult picking up the child enter the Time Out, circle AM or PM and enter a signature at
 pick up. Signature can be full legal signature OR be the first initial and last name.
- Enter the Total Hours used for the day in the Total Hours box.

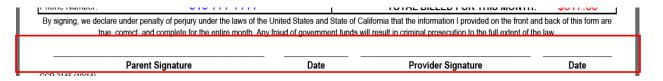


Each day the child does not use care as scheduled, enter a Reason Code in the box. Reason Codes are located on the front of the 2145. In the example below, the child is scheduled to use care on Mondays, but was absent from care on Monday the 10th.



On or after the last day of care, once care has been completed for the month and the form has been reviewed for completion by both the parent and provider, both parent and provider must sign and date the bottom front of the form.

These signatures are confirmation by both the parent and provider that ALL information entered on the form is true and correct. Please make sure to double check and verify all information entered on the front and back of the form.



Once complete, mail form to: DHA, 7405 Greenhaven Drive Sacramento, CA 95831.

Form must be received no later than 3 months after care took place for payment to be made. Forms received late or incomplete will be denied.