



PROVIDER FILE CERTIFICATION (FCCH)
Child Action - Sacramento County Resource & Referral Program

ALL LICENSED CHILD CARE PROGRAMS MUST SUBMIT A COPY OF THEIR RATE SHEET LISTING RATES CHARGED, AND THE PROVIDER'S DISCOUNT OR SCHOLARSHIP POLICIES, IF ANY.

Program Name: (نام و تخلص، فامیل) _____

Location Address: (آدرس) _____

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I have attached my signed rate sheet. (با چک زدن میگوید من یک کپی از قیمتها را ضمیمه کردم)

I, _____, certify that the rates attached to this form are
(نام و تخلص) (Print Provider Name/Director Name)
correct and that they are the usual and customary rates that I charge to non-subsidized families. I further certify that the rates contained on this sheet are rates I have established, and that they are current and will remain in effect until or unless I notify Child Action of a rate change.

Provider Signature (امضا)

Date (تاریخ)