

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM
YORK OFFICE
824 LINCOLN AVENUE
YORK, NE 68467

Worker - KATHY DEPREZ
Telephone Number - (402)362-4471
Office Number - 175
Date of Notice - 09-17-2003
MAIL DATE - 09-17-2003

LITTLE LEAPS OF FAITH DEVELOPMENT CENTER
PO BOX 82
MILFORD, NE 68405

Owner Tax ID: 470832085

PROVIDER AUTHORIZATION
Child Care

LITTLE LEAPS OF FAITH DEVELOPMENT CENTER
Telephone: (402)761-3380

Provider ID: 88306365

On behalf of the client named below, the Health and Human Services System authorizes you to provide the service indicated below. This document authorizes you to provide and bill for the listed service in accordance with the units of service, the rate of charge and the authorization period stated. In providing authorized services you accept responsibility and liability for injury to client(s) or damage to clients' property resulting from negligence by you or your employees in the provision of services. All billings must be received by the Department within ninety (90) days of service provision.

Sally Johnson
APT 108
1241 S HUTCHINS
YORK, NE 68467

Case Number: 00170007

Telephone: (402)362-3890

Changes in the parent/caretaker's schedule of 10 or more hours in a week must be reported to the case manager. The case manager must be notified if a child does not attend the child care for three consecutive days.

Authorized Service: SCHOOL AGE CARE
Service Code: 00003580

Authorized Clients

Client ID#
32087437

Authorization #
36674153

Carly Johnson

Authorization Period: 07-14-2003 through 12-31-2003

Authorized Units:

50.00 Days
200.00 Hours

Authorized Rate:

\$17.000 per Day effective 07-14-2003
\$2.250 per Hour effective 07-14-2003