|  |  |  |
| --- | --- | --- |
| **Agency:** | **Provider ID #:** | **Name of Group Leaders:** |
| **IY Parent Group offered (*check only one*) and the max number of sessions delivered:**  **Pre-School Basic (Max 18 weeks****)**  **Baby program (Max 12 weeks)**  **Toddler Program (Max 13 weeks)**  **School age Program (Max 18 weeks)** | | **Classes Started:** Click here to enter a date.  **Date of Billing:**  **Total classes completed (prior to this billing):** |
| **Submit one billing separately for each type of class running. Also, submit different billing separately for all classes.** | | |
| **Dates of Classes Held, paid according to CA IY published rate** | Click here to enter a date. | Click here to enter a date. |
| Click here to enter a date. | Click here to enter a date. | Click here to enter a date. |

**Attached all referrals for the first class billing only:** YES  NO

**Date sent to CA Fiduciary: \_\_\_\_\_\_\_\_\_\_\_**

**Signature of IY Agency Staff: Date: \_\_\_\_\_\_\_\_\_\_\_\_**