|  |  |  |
| --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_**