STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth and Families

Form 2534
June 2015

CHILD CARE SCHOLARSHIP PROGRAM – PREVENTIVE / PROTECTIVE

MAXIMUM WEEKLY STANDARD RATES

(Effective Date: June 29, 2015)

Licensed Child Care Center		
Level of Service	Child Age in Months	Weekly Rate
Full Time	1 – 17	$215.00
Full Time	18 – 35	$205.00
Full Time	36 – 78	$180.00
Full Time	79 - 155	$141.40
Half Time	1 – 17	$166.56
Half Time	18 – 35	$158.64
Half Time	36 – 78	$139.44
Half Time	79 - 155	$88.50
Part Time	1 – 17	$83.28
Part Time	18 – 35	$79.32
Part Time	36 – 78	$69.72
Part Time	79 - 155	$44.19

Licensed Family Home		
Level of Service	Child Age in Months	Weekly Rate
Full Time	1 – 17	$172.50
Full Time	18 – 35	$167.50
Full Time	36 – 78	$152.50
Full Time	79 - 155	$78.22
Half Time	1 – 17	$133.44
Half Time	18 – 35	$129.60
Half Time	36 – 78	$118.08
Half Time	79 - 155	$60.00
Part Time	1 – 17	$66.72
Part Time	18 – 35	$64.80
Part Time	36 – 78	$59.04
Part Time	79 - 155	$30.00

License-Exempt Center		
Level of Service	Child Age in Months	Weekly Rate
Full Time	72 – 78	$90.00
Full Time	79 - 155	$70.70
Half Time	72 – 78	$69.72
Half Time	79 - 155	$44.25
Part Time	72 – 78	$34.86
Part Time	79 - 155	$22.10

** NOTE: Payments CANNOT be made to a License-Exempt Center for children under age 72 months.

License-Exempt Family Home		
Level of Service	Child Age in Months	Weekly Rate
Full Time	1 – 17	$120.75
Full Time	18 – 35	$117.25
Full Time	36 – 78	$106.75
Full Time	79 - 155	$54.75
Half Time	1 – 17	$93.41
Half Time	18 – 35	$90.72
Half Time	36 – 78	$82.66
Half Time	79 - 155	$42.00
Part Time	1 – 17	$46.70
Part Time	18 – 35	$45.36
Part Time	36 – 78	$41.33
Part Time	79 - 155	$21.00

CHILDREN WITH SIGNIFICANT SPECIAL NEED(S)		
Providers caring for children with significant special need(s) can be reimbursed an additional amount per week.		
Full time = $50.00 per week	**Half time** = $30.00 per week	**Part time** = $15.00 per week
*Call the child's case manager for information regarding Form 2690 "Verification for a Child Experiencing Significant Special Needs".		

**NOTE: The weekly Standard Rate is not the actual paid amount

LEVEL OF SERVICE

Full Time Level of Service	31 or more hours per week
Half Time Level of Service	16 – 30 hours per week
Part Time Level of Services	1 – 15 hours per week

- The reimbursement paid to providers is calculated by comparing the provider's rate to the NH Weekly Standard Rate and paying the lesser of the two amounts. Department of Health and Human Services (DHHS) pays this amount.

- If the provider charges more than the NH Weekly Standard Rate, it is up to the provider to collect the amount of money referred to as the co-payment per child. Please contact the child's case manager regarding co-payment.

- DHHS will only pay for the hours that the child is in care and that the parent/guardian/foster parent is in their approved activity.

- The authorized level of service is determined by the number of hours per week in which the parent/guardian/foster parent is participating in an approved activity.

LEVEL OF SERVICE	
Full Time Level of Service	31 or more hours per week
Half Time Level of Service	16 – 30 hours per week
Part Time Level of Service	1 – 15 hours per week

- DHHS will only pay for the time that the child is in care. (Example: If the parent is authorized for full time level of service and the child was out sick and only attended care for 18 hours that week, DHHS will only reimburse the provider at the half time level of service that week.)

CHILDREN WITH SIGNIFICANT SPECIAL NEED(S)		
Providers caring for children with significant special need(s) can be reimbursed an additional amount per week.		
Full time = $50.00 per week	Half time = $30.00 per week	Part time = $15.00 per week
*Contact the child's case manager to obtain the Form 2690 "Verification for a Child Experiencing Significant Special Needs"		