

**I. STATEMENT OF POLICY**

STEP participants are categorically eligible. For Homeless LICC cases and STEP participants the child care costs charged by the provider are paid at 100%, not to exceed the state maximum rate.

The agency pays a flat rate of authorized low-income child care costs that are charged by the provider. The scale below is used to determine the flat rate that the agency will pay, based on the household's monthly income and the household size. The difference between the amount that the agency pays and the total amount charged by the provider must be paid by the participant. The provider is responsible for collecting this difference. The Participant Required Co-Pay (shown below) represents the portion of the state's flat rate that the participant must contribute, in addition to any other provider charges.

No. in HH	2	3	4	5	Participant Required Co-pay
	0-1311	0-1649	0-1988	0-2326	\$0
	1312-1730	1650-2152	1989-2575	2327-2997	\$2
	1731-2150	2153-2656	2576-3162	2998-3668	\$3
	ABOVE 2150	ABOVE 2656	ABOVE 3162	ABOVE 3668	Not Eligible

No. in HH	6	7	8	9	Participant Required Co-pay
	0-2664	0-3003	0-3341	0-3679	\$0
	2665-3418	3004-3635	3342-3852	3680-4068	\$2
	3419-4173	3636-4268	3853-4363	4069-4458	\$3
	ABOVE 4173	ABOVE 4268	ABOVE 4363	ABOVE 4458	Not Eligible

No. in HH	10	11	12	Participant Required Co-pay
	0-4018	0-4356	0-4694	\$0
	4019-4285	4357-4501	4695-4718	\$2
	4286-4553	4502-4647	4719-4743	\$3
	ABOVE 4553	ABOVE 4647	ABOVE 4743	Not Eligible