

ON-THE-JOB TRAINING (OJT) PROGRAM DEPENDENT CHILD CARE REIMBURSEMENT

INSTRUCTIONS: Refer to the OJT Program Instructions for MDOT Form 2078 to complete this form.

This reimbursement request must be completed entirely, dated, signed and include child care receipts. Child care receipts must state the provider name, provider contact information, the dependent name, service dates (begin and end), a description of the service and the expense amount.

Return completed form to: Michigan Department of Transportation
Office of Business Development
PO Box 30050
Lansing, Michigan 48909
E-mail to: MDOT-OJT-Trainees@Michigan.gov

If you need assistance in completing this application, please contact us at: (866) 323-1264.

NOTE: Submission of this form does not guarantee reimbursement though the On-the-Job Training Program and is subject to funding availability. MDOT reserves the right to cancel program reimbursements at any time.

The maximum dependent child care reimbursement amount may not exceed \$1,000 per trainee per fiscal year (October 1 – September 30). Additional reimbursement may be available and is dependent upon funding available each year.

Your payment is subject to offset by the State of Michigan if you have a liability obligation with the state. (For example, 3rd party garnishments, levy or child support orders). Reimbursements may be considered taxable income

TRAINEE INFORMATION			
TRAINEE NAME		ADDRESS	
PHONE NO.	E-MAIL	CONTRACTOR / EMPLOYER	
CHILD CARE DETAIL			
PROVIDER NAME		PROVIDER ADDRESS	
PROVIDER PHONE NO.	TYPE OF SERVICE <input type="checkbox"/> Child Care <input type="checkbox"/> Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Summer Day Camp		
DEPENDENT NAME	DEPENDENT DATE OF BIRTH (MM/DD/YY)	RELATIONSHIP TO TRAINEE	
SERVICE DATES (Start and End Dates MM/DD/YY)		TRAINEE OUT OF POCKET COST \$	
I, _____ certify that I am the legal primary custodial guardian of the listed dependent(s), the dependent(s) reside with me in the same residential home for more than 50% of the calendar year, and child care expenses for the listed dependent(s) are my sole responsibility and have been paid by no one other than myself.			
APPLICANT SIGNATURE (e-signature acceptable)			DATE

THIS SECTION FOR MDOT USE ONLY		
MDOT AUTHORIZED SIGNATURE	DATE	APPROVED AMOUNT \$
MDOT REVIEWER APPROVAL SIGNATURE		DATE

On-the-Job Training (OJT) Program Instructions for MDOT Form 2078

This form is completed by the OJT Program trainee, approved by MDOT for the OJT Program, requesting dependent child care reimbursement for training program/work related child care costs.

The trainee (applicant) must be the legal primary custodial guardian of the dependent(s) listed with the dependent(s) having resided at the same residential address as that of the trainee (applicant) for more than 50% of the calendar year.

The maximum dependent child care reimbursement amount may not exceed \$1,000 per trainee per fiscal year (October 1 – September 30). Additional reimbursement may be available and is dependent upon funding available each year.

Reimbursements are issued through the State of Michigan. You must be registered to receive payment from the State of Michigan through the SIGMA Vendor Self-Service System (VSS).

If you are not yet registered, please register at:
www.Michigan.gov/VSSLogin

All payments are subject to offset by the State of Michigan if you have a liability obligation with the state. (For example, 3rd party garnishments, levy or child support orders) Reimbursements may be considered taxable income.

Submission of this form does not guarantee reimbursement though the On-the-Job Training Program and is subject to funding availability each fiscal year. MDOT reserves the right to cancel dependent child care reimbursement at any time.

TRAINEE INFORMATION Section

Trainee Name

The legal name of the applicant completing the form.

Address

Your residential home address where you receive mail.

Phone No.

The current valid phone number in which you can be reached for questions regarding this reimbursement request.

E-mail

The current valid email address in which you can be reached for questions regarding this reimbursement request.

Contractor/Employer

The name of your employer at the time the dependent care was provided.

CHILD CARE DETAIL Section

Provider Name

The legal name of the individual or business providing child care service for your dependent(s).

Provider Address

Provider's address where child care was provided.

Provider Phone No.

The current valid phone number in which Provider can be reached for questions regarding this reimbursement request.

Type of Service

Select the type of care service provided.

Dependent Name

The name(s) of your dependent(s) receiving care from the listed child care provider.

Dependent Date of Birth

The date of birth for your dependent(s) receiving care from the listed child care provider.

Relationship to Trainee

The relationship of your dependent(s) to you (trainee applicant).

Service Dates

Start date – the first day care was provided to your dependent(s) by the listed child care provider.

End date – the last day care was provided to your dependent(s) by the listed child care provider.

Trainee Out of Pocket Cost

The reimbursement amount you are requesting for dependent child care you were responsible for and paid to the child care provider for child care services.

Certification Clause

Read the certification clause.

If true, write your name in the space provided.

If not true, STOP HERE. You will not be able to receive reimbursement for child care costs through MDOT's OJT Program.

Applicant Signature, Date

Applicant review the form for accuracy and completeness. Sign and date.

CHILD CARE RECEIPTS

Childcare receipts must be attached to the reimbursement form and must state the provider name, provider contact information, the dependent name, service dates (begin and end), a description of the service and the expense amount.

FORM SUBMISSIONS

Incomplete or partially completed forms cannot be processed.

Return completed forms with child care receipts to:

MAIL: Michigan Department of Transportation
Office of Business Development
PO Box 30050
Lansing, Michigan 48909

FAX: (517) 335-0945

E-MAIL: MDOT-OJT-Trainees@michigan.gov