



**CHILD CARE SCHOLARSHIP PROGRAM – EMPLOYMENT RELATED  
 MAXIMUM WEEKLY STANDARD RATES**

(Effective Date: August 26, 2024)

Licensed Child Care Center		
Level of Service	Child Age in Months	Weekly Rate
Full Time	Birth – 17	\$344.42
Full Time	18 – 35	\$317.26
Full Time	36 – 78	\$280.00
Full Time	79 - 155	\$236.25
Half Time	Birth – 17	\$266.65
Half Time	18 – 35	\$245.62
Half Time	36 – 78	\$216.78
Half Time	79 - 155	\$182.90
Part Time	Birth – 17	\$133.32
Part Time	18 – 35	\$122.81
Part Time	36 – 78	\$108.39
Part Time	79 - 155	\$91.45

Licensed Family Home		
Level of Service	Child Age in Months	Weekly Rate
Full Time	Birth– 17	\$250.00
Full Time	18 – 35	\$250.00
Full Time	36 – 78	\$250.00
Full Time	79 - 155	\$200.00
Half Time	Birth – 17	\$193.55
Half Time	18 – 35	\$193.55
Half Time	36 – 78	\$193.55
Half Time	79 - 155	\$154.84
Part Time	Birth – 17	\$96.78
Part Time	18 – 35	\$96.78
Part Time	36 – 78	\$96.78
Part Time	79 - 155	\$77.42

License-Exempt Center		
Level of Service	Child Age in Months	Weekly Rate
Full Time	72 – 78	\$118.13
Full Time	79 - 155	\$118.13
Half Time	72 – 78	\$91.45
Half Time	79 - 155	\$91.45
Part Time	72 – 78	\$45.73
Part Time	79 - 155	\$45.73

License-Exempt Family Home		
Level of Service	Child Age in Months	Weekly Rate
Full Time	Birth – 17	\$175.00
Full Time	18 – 35	\$175.00
Full Time	36 – 78	\$175.00
Full Time	79 - 155	\$140.00
Half Time	Birth – 17	\$135.49
Half Time	18 – 35	\$135.49
Half Time	36 – 78	\$135.49
Half Time	79 - 155	\$108.39
Part Time	Birth – 17	\$67.74
Part Time	18 – 35	\$67.74
Part Time	36 – 78	\$67.74
Part Time	79 - 155	\$54.19

- Payments CANNOT be made to a License-Exempt Center for children under age 72 months.
- The Weekly Standard Rate is not the actual paid amount.
- Child Care Scholarship terminates for children turning 13 years old at the end of their 12-month eligibility period.

- Families are required to contribute to the cost of care by paying a cost share per child, per week.
- The reimbursement paid to providers is calculated by comparing the provider's rate to the NH Weekly Standard Rate and subtracting the child's cost share from the lesser of the two amounts. The 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.
- The family's authorized service level is determined by the number of hours per week in which the parent is participating in an approved activity or considered in an approved activity by an employer or training/educational institution, which has been verified by DHHS.

Authorized Service Level	
Full-time Service Level	31 or more hours per week
Half-time Service Level	Greater than 15 but less than or equal to 30 hours per week
Part-time Service Level	1 to 15 hours per week

- School-age children whose parent is participating in an approved employment-related activity 31 or more hours per week shall be authorized for half time service level, however these children will automatically change from half time to full time during school vacations.

CHILDREN WITH SIGNIFICANT SPECIAL NEEDS		
Providers caring for children with significant special need(s) may be reimbursed an additional amount per week.		
Full time = \$100.00 per week	Half time = \$75.00 per week	Part time = \$50.00 per week
*Contact the local District Office to obtain the Form 2690 "Verification for a Child Experiencing Significant Special Needs"		

#### How to determine the DHHS Child Care Scholarship Payment

The NH Child Care Scholarship provider reimbursement amount is the amount that the Department pays to the provider towards the cost of services for families receiving NH Child Care Scholarship. To calculate this rate for each child:

1. Using the NH Child Care Weekly Standard Rate (WSR) chart, determine the child's weekly rate based on the type of provider, the child's age, and the authorized service level for the number of hours billed that week.
2. Compare the child's Weekly Standard Rate with the provider's weekly charge and identify the lesser amount.
3. Subtract the child's cost share (found on AE0024 letter) from this lesser amount.

**Note:** *The Weekly Standard Rate (WSR) is NOT the amount that will be paid to the provider.* Providers may bill parents/guardians the cost share amount. Providers may choose whether or not to charge the co-payment amount.

**Example 1:** The WSR for a Licensed Center for a child 1-17 months, authorized for full-time service level is \$344.42 per week. The provider charges private pay families \$350 per week. The child's cost share for Scholarship is \$20.00 per week. Compare the WSR (\$344.42) with the provider's charge (\$350.00) and identify \$344.42 as the lesser amount. Subtract the cost share of \$20.00 from the WSR of \$344.42 = \$322.42. The Provider Reimbursement Amount from DHHS is \$322.42 per week. The provider shall charge the parent the cost share amount of \$20.00 and may choose whether or not to charge the family the copayment amount of \$5.58.

**Example 2:** The WSR for a License-Exempt Center for a child over 79 months, authorized for half-time service level is \$91.45 per week. The provider charges private pay families \$80.00 per week. The child's cost share for Scholarship is \$20.00 per week. Compare the WSR (\$91.45) with the provider's charge (\$80.00) and identify \$80.00 as the lesser amount. Subtract the cost share of \$20.00 from the provider's charge of \$80.00 = \$60.00. The Provider Reimbursement Amount from DHHS is \$60.00 per week. The provider shall charge the parent the cost share amount of \$20.00. The copayment amount is \$0.00.

**Example 3:** The WSR for a License-Exempt Family Home for a child age 42 months, authorized for half-time service level is \$135.49 per week. The provider charges private pay families \$130.00 per week. The child's cost share for Scholarship is \$140.00 per week. Compare the WSR (\$135.49) with the provider's charge (\$130.00) and identify \$135.49 as the lesser amount. Subtract the cost share of \$140.00 from the WSR of \$135.49, which results in a negative amount. No DHHS payment shall be made because the cost share is greater than the lesser amount. The Provider Reimbursement Amount from DHHS is \$0.00 per week. The provider shall charge the parent the cost share amount of \$140.00 per week. The copayment amount is \$0.00.