**Dane County**
**Department of Human Services**

Interim Director – Astra Miriaku Iheukumere
1202 Northport Drive, Madison WI 53704

4/14/2025

STATEMENT MONTH: APRIL 2025

PARENT NAME
123 ANY STREET
MADISON WI 12345

Monthly amount due: $ 75.00

Indicate Amount Paid:_____

Child's Name: CHILD NAME

Acct# BT3 123456

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_ Please write in address changes above line for: CHILD NAME

BIRTH TO THREE PROGRAM STATEMENT

Please detach and return top portion with your payment in the enclosed envelope.

| | |
|---|---|
| Last payment: | $ 150.00 4/2/2025 |
| Fees remaining through current plan period: | $ 1,500.00 |

Please make your payment by this date: 5/7/2025

MAKE CHECKS PAYABLE TO: DANE COUNTY DEPT. OF HUMAN SERVICES

If you have any questions regarding this bill, please email:

| Program | Email |
|---|---|
| ACS | cltsparentalfee@countyofdane.com |
| Alternate Care and Corrections | hscollections@countyofdane.com |
| Birth To Three | bt3.billing@countyofdane.com |
| Children's Long Term Care | cltsparentalfee@countyofdane.com |
| Guardianship | hscollections@countyofdane.com |

You may make payments online at: https://danecountyhumanservices.org/collectionspayments

You will need your Dane County account number (123456) to make your online payment