



Housing Authority

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CHILD CARE PROVIDER VERIFICATION REQUEST

Date Submitted: _____

Providers: Please complete this form, and mail/fax it back to the Housing Authority. Thank you.

If you are a licensed provider, in addition to completing this form, please attach documentation on the facility's letterhead showing this client's enrollment, costs and payments made.

If you are an unlicensed/individual provider, after completing this form, please sign it before a notary.

_____ was not found in header record of data source.

Custodial Parent _____ Parent Authorization Signature/Date _____ BCHA Staff _____

The children currently enrolled in my care are:

<u>Child's Name</u>	<u>Date of Birth</u>	<u>Date of Enrollment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you receiving a subsidy by a government-funded Child Care Assistance Program (CCAP) for this client?

No Yes If yes, the monthly subsidy is \$ _____

Average number of hours per week that child care is provided: _____

The total amount I receive is: \$ _____ Monthly Weekly Year-to-Date

Name of Agency/Individual _____ License/FEIN # _____

Address _____ Phone _____

Name of Person Completing form (if different than above) _____ Signature _____

Affirmation by Individual/Non-Licensed Child Care Provider

I declare and affirm, under penalty of perjury that the above information is true and accurate and that I can be summoned to appear in court to testify to these facts.

Signature of Child Care Provider

Subscribed and sworn to be this _____ day of _____, 20_____.

My Commission Expires

Notary Public

Cindy Domenico County Commissioner

Deb Gardner County Commissioner

Will Toor County Commissioner