

CHILD CARE VERIFICATION

Participant Name: _____

APPID Number: _____

Name of Child Care Provider: _____

Relationship to Participant: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Total \$ Amount Paid Per Day/Month : _____

CERTIFICATION OF CHILD CARE PROVIDER

I certify that the above information is true and correct to the best of my knowledge.

_____/_____
Provider's Signature Date

Please return form to: _____

