

# Child Care Verification

**Child Care Provider:** Please provide the information that is requested below. Be assured this information will be used only for the purpose of determining the family's eligibility for assisted housing and will not be disclosed except in accordance with the Federal Regulations or State Law.

Your assistance and prompt response will be appreciated.

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I/this agency provide child care for \_\_\_\_\_ (Parent/guardian name)

**Child care provider's Name and Address:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ SS #/Tax ID #: \_\_\_\_\_  
 \_\_\_\_\_

Please complete the appropriate section(s) for the children of the above named person for whom you provide child care.

**Children 0-2 ½ years of age:** (circle one) (circle one)

Childs name:	Amount: \$	Per: hour/day/week/month	# of Hours	per: day/week	Time: (from-to)

**Children 2 ½ -5 years of age**

Childs name:	Amount: \$	Per: hour/day/week/month	# of Hours	per: day/week	Time: (from-to)

Continued on Reverse

**School age children: during school year**

Childs name:		Amount: \$	Per: hour/day/week/month	# of Hours	per: day/week	Time: (from-to)
Childs name:		Amount: \$	Per: hour/day/week/month	# of Hours	per: day/week	Time: (from-to)
Childs name:		Amount: \$	Per: hour/day/week/month	# of Hours	per: day/week	Time: (from-to)
Childs name:		Amount: \$	Per: hour/day/week/month	# of Hours	per: day/week	Time: (from-to)

**School age children: during summer/vacation**

Childs name:		Amount: \$	Per: hour/day/week/month	# of Hours	per: day/week	Time: (from-to)
Childs name:		Amount: \$	Per: hour/day/week/month	# of Hours	per: day/week	Time: (from-to)
Childs name:		Amount: \$	Per: hour/day/week/month	# of Hours	per: day/week	Time: (from-to)
Childs name:		Amount: \$	Per: hour/day/week/month	# of Hours	per: day/week	Time: (from-to)

Total amount paid weekly by the Department of Human Services (DHS) \$ \_\_\_\_\_

Total amount paid weekly by parent/guardian \$ \_\_\_\_\_

Do you receive payments from any other source? \_\_\_\_\_ Amount received \$ \_\_\_\_\_ Source:

\_\_\_\_\_

**The information provided is accurate and current. I understand that providing false information is a violation of federal regulations and State law.**

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child care provider signature

\_\_\_\_\_  
Date

**All documents should be faxed or mailed directly to:**

Grand Rapids Housing Commission  
1420 Fuller SE  
Grand Rapids MI 49507  
(616) 235-2600  
Fax: (616) 235-2660