

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