

CHILDCARE PROVIDER VERIFICATION FORM

I certify that I _____, provide childcare for _____
 (Childcare Provider's Name) (WIOA Participant)

while he/she attends _____ . Effective date is _____
 (School's name)

CHILDCARE PROVIDER

Name: _____ Address: _____

Phone Number: _____

Birth Certificates Verified: _____ Address not same as participant verified: _____

(Please be as specific as possible when filling out the information below)

Children's Names	Age/Birthday	Hours Child Is to be Kept		Weekly Day Care Rate	Daily Day Care Rate
1.		From	To	\$	\$
2.		From	To	\$	\$
3.		From	To	\$	\$
4.		From	To	\$	\$

Do you charge if child does not attend? _____

Please list the names of all individuals at your center/home who are authorized to sign childcare forms.

1. _____ (signature) _____ (Provider printed name) _____ (initials)
2. _____ (signature) _____ (Provider printed name) _____ (initials)
3. _____ (signature) _____ (Provider printed name) _____ (initials)
4. _____ (signature) _____ (Provider printed name) _____ (initials)

For RC Staff

Provider Verified by RC Staff _____
 Staff Name Date