

HEAD OF HOUSEHOLD NAME	SOCIAL SECURITY NUMBER (last 4 digits)
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FORM 10. VERIFICATION OF CHILDCARE EXPENSES

Households who have un-reimbursed childcare expenses should complete this form if: <input type="radio"/> The expenses are for a child or children age 12* or younger <u>and</u> <input type="radio"/> The childcare is necessary for a family member to be gainfully employed or to further his or her education. THIS FORM MUST BE COMPLETED BY THE HEAD OF HOUSEHOLD AND COMPLETED AND SIGNED BY THE CHILDCARE PROVIDER.	Have you completed this form?	
	Yes <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

Name of Child	Age of Child	Rate of Pay During School Year	Rate of Pay During School Vacations	Frequency of Pay (hourly, daily, weekly, monthly, annually)	Monthly Average
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

If childcare expenses are seasonal, sporadic, or cannot be accurately captured in the above chart, please explain: _____

Name of Childcare Provider: _____ Address: _____
 Contact: _____ Title: _____ Telephone (Required): _____

*If child is 13 or older, disabled, and care for child enables an adult household member to be employed, please complete "Verification of Un-Reimbursed Disability Expenses" (Form 7).

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under federal law.

 SIGNATURE OF CHILD CARE PROVIDER

 DATE

FOR HPD USE ONLY

Call to provider made on _____ (date) by _____ staff member's name

Expenses verified? Yes No Notes: _____