

# CHILD CARE VERIFICATION

DCSS 0069 (02/10/09)

CSE Case Num: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

I am the \_\_\_ Custodial Party \_\_\_ Noncustodial Parent

**APPLICANT: Give this form to your childcare provider to complete before you return it to the local child support agency. Attach any receipts or copies of cancelled checks for child care.**

**CHILD CARE PROVIDER: Please complete the appropriate section(s) for the children of the above named applicant whom you provide child care. Then sign and date at the end of this form.**

## SECTION I: INFANT & PRE-SCHOOL CHILD(REN)

Name of Provider/Day Care Center \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of a person(s) that pays you for childcare \_\_\_\_\_

Name of the child(ren) of this parent for whom you provide care and the amount paid: (Circle One)

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per day/week/month

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per day/week/month

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per day/week/month

Total: \$ \_\_\_\_\_ per day/week/month

## SECTION II: SCHOOL-AGE CHILD(REN)

### A. Child care provided during regular school sessions:

Name of Provider/Day Care Center \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of a person(s) that pays you for childcare \_\_\_\_\_

Name of the child(ren) of this parent for whom you provide care and the amount paid: (Circle One)

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per day/week/month

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per day/week/month

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per day/week/month

Total: \$ \_\_\_\_\_ per day/week/month

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**B. Summer/vacation care for school-age child(ren). Include amounts in the information specified below.**

Name of Provider/Day Care Center \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_\_\_

Name of a person(s) who pays you for childcare \_\_\_\_\_

Name of the child(ren) of this parent for whom you provide care and the amount paid: (Circle One)

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per day/week/month

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per day/week/month

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ per day/week/month

Total: \$ \_\_\_\_\_ per day/week/month

***I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. By typing my name in the signature line, I agree that the entry of that name is deemed to be my signature for all legal and administrative purposes.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE