

Las Vegas Urban League  
 Child Care Subsidy Program  
 2470 N Decatur Blvd Suite 150, Las Vegas, NV 89108  
 702-629-2561 Fax: 702-629-6232

Service Month: \_\_\_\_\_  Bill Annual Fee  
 Service Year: \_\_\_\_\_  Bill Registration Fee

**Child Care Enrollment Attendance Verification (EAV) Form**

**PLEASE DO NOT USE WHITE OUT**

Provider Name: \_\_\_\_\_ Provider Tax ID or SSN: \_\_\_\_\_  
 Provider Address: \_\_\_\_\_  
 \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Child Name: \_\_\_\_\_ Child DOB: \_\_\_\_\_ Child UPI or SSN: \_\_\_\_\_  
 Parent Name: \_\_\_\_\_ Child Track: \_\_\_\_\_ Child School Hours: \_\_\_\_\_

DATE	Overnight	On Track	TIME IN	TIME OUT	TIME IN	TIME OUT	Parent Signature for Authorization of Discretionary Day

Is the client's co-payment current?      Yes \_\_\_\_\_      No \_\_\_\_\_\*      If NO, balance due: \$ \_\_\_\_\_  
 Provider's Initials: [ ]      \* Please attach a record of monies owed by client

The timesheet must be completed DAILY by the client or other authorized individual. If a client chooses to use a discretionary day, the client must sign in the space provided for that date. A separate timesheet must be completed for EACH child. Timesheets must be COMPLETED and SIGNED by both the CLIENT AND PROVIDER at the end of each month to receive payment. Timesheets are DUE in the office listed above by 5:00 PM on the FIFTH business day of the month following the service period. Timesheets received after the FIFTH business day will be processed at the next available reimbursement period. Billings and registration/annual fees must be submitted not later than ninety (90) days after the month of service or are not eligible for payment approval.  
 We, the undersigned, certify the accuracy of the information submitted and understand that this information may be audited by either the Division of Welfare and Supportive Services (DWSS) or The Urban League Child Care Subsidy Program, and that any overpaid benefits will be recovered.

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Provider Signature

