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