Parent Verification Letter (Family Child Care Only)

Family Child Care Provider: _____

Dear C.A.R.E.S. Planning Group:

This letter is to verify that my child, _____, has been
provided child care by the provider listed above for the period of _____ to
_____. The average number of hours my child spent at this Family Child Care
Home each week is _____ hours. My child is currently _____ years old (**must be
between 0-5 years of age**).

My child receives the following services through this family child care provider:

☐   Regular primary care is provided between the hours of 6pm and 6 am.

☐   Regular primary care is provided during on weekends.

☐   My child receives bilingual care offered in our home language:

         Language spoken: _____

☐   My child has a documented special need that is being met by my provider.
(For the purposes of the Calaveras CARES program, children with disabilities and other special needs refers to those children who: 1) are protected by the Americans with Disabilities Act (ADA); or 2) have or are at risk for a chronic condition whether physical, developmental, behavioral, or emotional and who also require educational, developmental, health, behavioral/mental health, medical, physical and related services and/or supports of a type of amount beyond that required generally).

If there are any questions concerning this parent verification letter, you may contact me at the
number below.

Sincerely,

_____   _____
Parent (Guardian's) Full Name   Today's Date

_____ _____
Address   City / State / Zip Code

_____
Phone Number (with area code)

This letter must be returned to the Child Care Provider to submit with their CARES application.