



CHILD CARE EXPENSE VERIFICATION

This is to verify that I provide child care for _____
(Parents Name)

Name (s) of child/children _____

Total Cost of Care: \$ _____, per week (___) month (___)
(Only include family paid expenses. DO NOT include amounts paid by any other sources, e.i care for kids, anyone who does not reside in the home, etc.)

Name of facility: _____

Signed: _____ Date: _____

Address: _____ Telephone: _____