

**CHILD CARE VERIFICATION FORM**

**PARENTS INFORMATION**

**TODAY'S DATE :** \_\_\_\_\_

Complete the top portion of this form and have your child-care provider complete the remainder. It is your responsibility to return the completed form to the Longview Housing Authority Office.

**HEAD OF HOUSEHOLD** \_\_\_\_\_ **SS# :** \_\_\_\_\_

	CHILDS NAME	AGE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

**CHILD CARE PROVIDER INFORMATION**

Please attach a schedule of your most recent child-care rates. The child-care provider must complete the remainder of this form for the child(rens) name above.

NAME OF PROVIDER	ADDRESS
CITY	STATE
ZIP CODE	PHONE NUMBER

CHILDS NAME	AGE	SCHOOL YEAR RATES	AVERAGE NO OF HRS/WEEK	HOURLY RATE	TOTAL WEEKLY RATE
1.		\$		\$	\$
2.		\$		\$	\$
3.		\$		\$	\$
4.		\$		\$	\$
5.					
CHILDS NAME	AGE	SUMMER RATES	AVERAGE NO OF HRS/WEEK	HOURLY RATE	TOTAL WEEKLY RATE
1.		\$		\$	\$
2.		\$		\$	\$
3.		\$		\$	\$
4.		\$		\$	\$
5.		\$		\$	\$

**WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any department or agency of the U.S., as to any matter within its jurisdiction.