CHILD CARE VERIFICATION DCSS 0069 (08/16/04)

Case N	lumber:
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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 canceled checks for child care. CHILD CARE PROVIDER: Please complete the appropriate section(s) for the children of the above named applicant for 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 the child(ren) of this parent for whom you provide care and the amount paid. Child Amount \$ per day/week/month Total: \$ per day/week/month Apt. or Unit No. City State Zip Phone () Amount 5 per day/week/month Total: \$ per day/week/month Total: \$ per day/week/month Apt. or Unit No. City State Zip Phone () Amount 5 per day/week/month Total: \$ per day/week/month Apt. or Unit No. City Amount 5 per day/week/month Amount 5 per day/week/month Address Apt. or Unit No. Child Amount 5 per day/week/month Child Amount 5 per day/week/month Child Amount 5 per day/week/month Child Amount 5 per day/week/month			
Support agency. Attach any receipts or copies of canceled checks for child care. CHILD CARE PROVIDER: Please complete the appropriate section(s) for the children of the above named applicant for 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	APPLICANT NAME:	I am the Custodial Pa	rty Noncustodial Parent
applicant for 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) who pays you for childcare Name of the child(ren) of this parent for whom you provide care and the amount paid. Child Amount S per day/week/month Child Amount S per day/week/month Total: S 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 Apt. or Unit No. 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 you receive. (Circle One) Name of the child(ren) of this parent for whom you provide care and the amount you receive. (Circle One) Amount S per day/week/month Amount S per day/week/month Amount S per day/week/month Amount S per day/week/month Child Amount S per day/week/month			
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Child	Name of the child(ren) of this parent for whom y	you provide care and the amount paid.	
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Child Amount \$ per day/week/month			
		Total: \$	per day/week/month

B. Summer/vacation care for school-age child(ren). Include amounts in the information specified below.				
Name of Provider/Day Care Center				
Address				
City				
Name of a person(s) who pays you for childcare				
Name of the child(ren) of this parent for whom you provide	de care and the amou	nt you receive.	(Circle One)	
Child		Amount \$		
Child		Amount \$	per day/week/month	
Child		Amount \$	per day/week/month	
		Total: \$	per day/week/month	
I declare under penalty of perjury u is true and correct. SIGNATURE	inder the laws	of the St	ate of California that the foregoin	