

VERIFICATION OF CHILD CARE EXPENSE

To: _____

I give my permission to release this requested information regarding child care expenses to the _____ (project)

I understand that the amounts paid by the family for the care of minors less than 13 years of age may be deducted only to the extent such expenses are not reimbursed. Deductions are permitted only when such care is necessary to enable a family member to further his or her education or to be gainfully employed.

I understand that a claim cannot be made for a child care provider living in my household.

Signed: _____ Date: _____

XX

This is to verify that I provide child care for (Parent's name) _____

Name(s) of child/children: _____

I am paid at the rate of \$ _____ per week () or month () during the school year

I am paid at the rate of \$ _____ per week () or month () during school vacations

COMPLETE BELOW ONLY IF CHILD CARE IS ON AN IRREGULAR BASIS

I am paid at the rate of \$ _____ per hour for _____ (number of hours weekly) during the school year

I am paid at the rate of \$ _____ per hour for _____ (number of hours weekly) during school vacations

SIGNED: _____ DATE: _____

ADDRESS: _____ TELEPHONE _____

PLEASE RETURN THIS FORM TO MANAGER AT: _____

Section 1001 of Title 18, United States Code Provides: "Whoever, in any manner within the jurisdiction of any Department or Agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more than five years, or both"

"This institution is an equal opportunity provider."

