CHILD CARE VERIFICATION

DCSS 0069 (08/16/04)

CSE Case Number:

APPLICANT NAME: I am the ◯ Custodial Party ◯ Noncustodial Parent

APPLICANT: ***Give this form to your child care 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 a person(s) who pays you for child care:

Name of the child(ren) of this parent for whom you provide care and the amount paid:

Child: Amount: $ per ◯ day ◯ week ◯ month

Child: Amount: $ per ◯ day ◯ week ◯ month

Child: Amount: $ per ◯ day ◯ week ◯ month

Total: $ 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:

City: State: Zip: Phone:

Name of a person(s) who pays you for child care:

Name of the child(ren) of this parent for whom you provide care and the amount you receive:

Child: Amount: $ per ◯ day ◯ week ◯ month

Child: Amount: $ per ◯ day ◯ week ◯ month

Child: Amount: $ per ◯ day ◯ week ◯ month

Total: $ per ◯ day ◯ week ◯ month

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B. Summer/vacation care for school-age child(ren). Include amounts in the information specified below.

Name of Provider/Day Care Center:

Address:

City: State: Zip: Phone:

Name of a person(s) who pays you for child care:

Name of the child(ren) of this parent for whom you provide care and the amount you receive:

Child: Amount: $ per ◯ day ◯ week ◯ month

Child: Amount: $ per ◯ day ◯ week ◯ month

Child: Amount: $ per ◯ day ◯ week ◯ month

Total: $ per ◯ day ◯ week ◯ month

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE DATE