

# How to fill out CHILD CARE VERIFICATION

## DIRECTIONS:

- The Child Care Verification form has been sectioned off for instructional purposes to assist you in filling each section within the form. There is a total of 2 pages that will need to be filled out and completed.
- Find the number on the sample form. Example **1**
- Go to the same number below or next to the sample form to find out how to fill out the form.
- Type or print in black ink.

STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY  
DEPARTMENT OF CHILD SUPPORT SERVICES

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

Case Number: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ I am the \_\_\_\_\_ Custodial Party \_\_\_\_\_ Noncustodial Parent \_\_\_\_\_

**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 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)

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 \_\_\_\_\_ Apt. or Unit No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Name of 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)

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 childcare \_\_\_\_\_

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

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 \_\_\_\_\_

CHILD CARE VERIFICATION  
DCSS 0069 (8/16/04)

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STATE OF CALIFORNIA-HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF CHILD SUPPORT SERVICES
<b>CHILD CARE VERIFICATION</b> DCSS 0069 (08/16/04)		
Case Number: <b>1</b>		
<b>2</b>	APPLICANT NAME:	<b>3</b> I am the <input type="checkbox"/> Custodial Party <input type="checkbox"/> Noncustodial Parent

- 1** Print your case number, if unknown, leave it blank.
- 2** Print your full name
- 3** Indicate if you are the Custodial Party (Receiving Support) or the Noncustodial Parent (Paying Support).

<b>APPLICANT:</b> 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.
<b>CHILD CARE PROVIDER:</b> 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.
<b>SECTION I: INFANT &amp; PRE-SCHOOL CHILD(REN)</b>
<b>4</b>
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. (Circle One)
Child _____ Amount \$ _____ per day/week/month
Child _____ Amount \$ _____ per day/week/month
Child _____ Amount \$ _____ per day/week/month
Total: \$ _____ per day/week/month
<b>SECTION II: SCHOOL-AGE CHILD(REN)</b>
<b>A. Child care provided during regular school sessions:</b>
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)
Child _____ Amount \$ _____ per day/week/month
Child _____ Amount \$ _____ per day/week/month
Child _____ Amount \$ _____ per day/week/month
Total: \$ _____ per day/week/month

- 4** This entire section **MUST** be completed by your **CHILD CARE PROVIDER**. Your Child Care Provider is the person(s) you pay to supervise and care for your children.

*Attach any receipts or copies of canceled checks for childcare.*

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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 childcare \_\_\_\_\_

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

Child \_\_\_\_\_ Amount \$ \_\_\_\_\_ (Circle One) 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

6

DATE

5

Page two, section B **MUST** also filled out by your **CHILD CARE PROVIDER**.

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The **CHILD CARE PROVIDER** will sign and date.