

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 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

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)

Child _____ Amount \$ _____ per day/week/month
Child _____ Amount \$ _____ per day/week/month
Child _____ Amount \$ _____ per day/week/month
Total: \$ _____ per day/week/month

page 1 of 2

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

CHILD CARE VERIFICATION

DCSS 0069 (08/16/04)

Case Number:

1

2

APPLICANT NAME:

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I am the ☐ Custodial Party

☐ 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).

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)

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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

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)

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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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. (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.

6

SIGNATURE

DATE

5

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

6

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