



**CHILD/DEPENDENT CARE VERIFICATION**

Dear Childcare Provider:

We are required to verify the amounts paid for the care of children/dependents of individuals applying for or receiving a federal rent subsidy. To comply with this requirement, we ask for your cooperation in supplying the information requested below regarding the referenced individual.

Please complete a separate form for each child care provider. Your prompt return of this letter will be appreciated. If you have any questions, please contact your caseworker at 732-364-1300.

I hereby authorize the release of this information.

**Head of Household Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Name of person or agency providing care \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name and age of person cared for: \_\_\_\_\_

Hours per day: \_\_\_\_\_ Days per week: \_\_\_\_\_ Rate per hour: \_\_\_\_\_

Average amount paid for care: \$ \_\_\_\_\_ PER: (Please check one):

( ) Weeks: (# of weeks per year) \_\_\_\_\_ ( ) Months: (# of months per year) \_\_\_\_\_

**(Include full-time summer care of school children if applicable)**

Provider's  
Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_