



Community Assistance

CHILD CARE VERIFICATION

_____ has stated that you provide child care so that employment _____ schooling may be pursued (check as applicable).

You are requested to provide the information that is requested below. Please be assured this information will be used only for the purpose of determining the family's eligibility for federally funded rental assistance and will not be disclosed except in accordance with federal regulations or state law.

Your assistance and prompt response will be appreciated. If you have any questions we may be contacted at (386) 736-5955 Deland, (386) 254-4648 Daytona or (386) 423-3375 New Smyrna Beach.

Sincerely,
Housing Choice Voucher Program

THIS SECTION TO BE FILLED OUT BY CHILD CARE PROVIDER ONLY

I/this agency provide(s) child care for _____ whose address is _____.

This child care is performed as follows:

Names of children and ages: _____

of Hours per day: _____ Time (From/To): _____

Charge per day: _____ Per week: _____

Total amount received from parent: _____ WEEKLY BI-WEEKLY MONTHLY

Is any portion paid by United Child Care or any other agency? _____ Yes _____ No

The information provided is accurate and correct. I understand that providing false information is a violation of federal regulations and State Law.

Name/Agency: _____ Fed ID#/ Social Security # _____

Phone: _____ Completed By: _____