

**CHILDCARE PROVIDER DOCUMENTATION FORM**

Date: \_\_\_\_\_ Requesting Childcare Assistance For The Month Of: \_\_\_\_\_

Customer Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Name of Childcare Provider (Payable To): \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

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

Relationship Of Childcare Provider To Customer: \_\_\_\_\_

Is Childcare Provider Licensed?:

Yes If Yes, License #: \_\_\_\_\_ If Yes, Fed Tax ID #: \_\_\_\_\_  
 No If No, Soc. Sec. #: \_\_\_\_\_

Week of (First Day)	Name of Child	Age	Childcare Hours (Times Needed)	Childcare Days (Circle Days)	Weekly Hours	Rate	Total
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____
_____	_____	_____	_____ to _____	S M T W Th F S	_____ (x) _____	_____	_____

**Total Requested:** \_\_\_\_\_  
**Total Reimbursed:** \_\_\_\_\_

I certify that the above information is true and accurate. I am aware that services are not guaranteed. I am also aware that I am responsible for ensuring the accuracy of any childcare information submitted to my Pacific Gateway Workforce Investment Board (PGWIB) Representative. Furthermore, I understand that submitting false information may be grounds for termination of services and/or reimbursement.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Childcare Provider Signature

\_\_\_\_\_  
Date