



1400 Oakside Drive #76 Canton, GA 30114
Main: 770-479-4969 Fax: 770-479-8118
TDD: 770-479-6988

Name of Resident: _____ Date: _____

Verification of Child Care or Attendant Care Costs (Provider)

Provider Name (Please Print): _____

Provider SS Number or Tax ID#: _____ Contact phone/E-mail: _____

Address where care is provided: _____

I _____, do hereby certify under penalty of perjury, that I provide childcare for the above resident. I certify that the following payment terms are true and complete. I understand that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. Also, amounts received from providing childcare and attendant care are reportable to the Internal Revenue Service (IRS).

Relationship to parent (if any) _____

Name(s) of child(ren) being cared for: _____

Total Cost of care to the family: \$ _____ (check one) [] per week [] per month

Amount paid directly by the family: \$ _____ [] per week [] per month

Amount paid by third party on behalf of the family: \$ _____ [] per week [] per month

Estimated cost of care for the upcoming 12 months: \$ _____ [] per week [] per month

Signature of Care Provider

Date

Notary Public Signature

Seal

Today's Date

Commission Expires

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony. Also, amounts received from providing childcare and attendant care are reportable to the Internal Revenue Service (IRS).

