

HEAD OF HOUSEHOLD NAME	SOCIAL SECURITY NUMBER (last 4 digits)
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FORM 9. VERIFICATION OF CHILDCARE EXPENSES

Households who have un-reimbursed childcare expenses should complete this form if:

- The expenses are for a child or children age 12* or younger and
- The childcare is necessary for a family member to be gainfully employed or to further his or her education.

**THIS FORM MUST BE COMPLETED BY THE HEAD OF HOUSEHOLD
AND COMPLETED AND SIGNED BY THE CHILDCARE PROVIDER.**

**Have you completed
this form?**

Yes
☐

**Not
Applicable**
☐

Name of Child	Age of Child	Rate of Pay During School Year	Rate of Pay During School Vacations	Frequency of Pay (hourly, daily, weekly, monthly, annually)	Monthly Average
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$
		\$	\$		\$

If childcare expenses are seasonal, sporadic, or cannot be accurately captured in the above chart, please explain: _____

Name of Childcare Provider: _____ Address: _____

Contact: _____ Title: _____ Telephone (Required): _____

*If child is 13 or older, disabled, and care for child enables an adult household member to be employed, please complete "Verification of Un-Reimbursed Disability Expenses" (Form 7).

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under federal law.

SIGNATURE OF CHILD CARE PROVIDER

DATE

FOR HPD USE ONLY

Call to provider made on _____ (date) by _____ staff member's name

Expenses verified? ☐ Yes ☐ No Notes: _____

