



CHARTER OAK
COMMUNITIES

CHILD CARE EXPENSE VERIFICATION

This is to verify that I provide child care for _____
(Parents Name)

Name (s) of child/children: _____

I am paid at the of \$ _____ per week (____) or month (____) for _____ weeks
of the year.

Name of facility: _____

Signed: _____ Date: _____

Address: _____ Telephone: _____