



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 rate of \$ _____ per week (____) or month (____) for _____ weeks
of the year.

My Social Security number is: _____

Signature of Child Care Provider

Subscribes and sworn to before me, a notary public, in and for the County of
_____, State of _____, this _____ day
of _____ 20__.

Notary Public

My Commission Expires

Name: _____ Date: _____
of Childcare Provider

Address: _____ Telephone: _____

****Must provide cancelled checks or receipts.**