

CHILD CARE PROVIDER VERIFICATION

Child Care Provider's Name and Address:

Name: _____

Telephone #: _____

Business Name: _____

or

Address: _____

Message #: _____

Parent's Name and Address:

Name: _____

Telephone #: _____

Address: _____

Is the Child Care Provider Licensed with Child Care Licensing? Yes No

IF THE PROVIDER IS NOT LICENSED PLEASE ANSWER THE NEXT TWO QUESTIONS:

1. How many children are cared for? _____

2. How many of these children are not related to the child care provider? _____

INDIVIDUAL DATA

CHILD'S FULL NAME (First) (Last)	DATE OF BIRTH (mm/dd/yy)	DATE CARE BEGAN (mm/dd/yy)	# DAYS PER WEEK CARE GIVEN	# HOURS PER DAY CARE GIVEN	COST PER DAY	COST PER HOUR	TOTAL COST PER WEEK

Child Care is provided in: Child's Home Provider's Home Child Care Center

The Department of Health and Human Services does not endorse any child care providers. Selection of a provider is the decision of the parent and the Department assumes no liability for the safety, protection, or quality of care.

I certify that the information is true and correct.

I understand that the Department may release child care payment information to the above-named provider, for the purpose of verifying child care payment by the Department of Health & Human Services.

 Parent's Signature

 Parent's Social Security Number

 Date

 Child Care Provider's Signature

 Child Care Provider's Resource ID Number

 Date

INSTRUCTIONS FOR CHILD CARE PROVIDER VERIFICATION

Please complete a separate form for each child care provider you use. The information on the form must be complete and legible. Changes in provider information must be reported to the District Office no later than **10 days** following the change.

PROVIDER'S NAME AND ADDRESS

Enter the first and last names, business name if applicable, mailing address, and a telephone number where the provider can be reached or where a message can be left.

PARENT'S NAME AND ADDRESS

Enter the first and last names of the parent(s), mailing address, and a telephone number where the parent(s) can be reached, or where a message can be left.

LICENSE STATUS

Check the box marked "Yes" or the box marked "No" to indicate whether or not the child care provider is licensed by Child Care Licensing.

A license is required when care is given in a private home for more than 3 children in addition to the provider's own children. For information on licensing, contact Child Care Licensing at 129 Pleasant Street, Concord NH 03301

WHEN THE PROVIDER IS NOT LICENSED

Indicate the number of children that the provider cares for and the number of those children that are not related to the provider.

CHILD CARE PROVIDERS MUST:

- Be 16 years or older to provide child care **and**
- Not be a parent of the child **and**
- Not be living in the child's home

INDIVIDUAL DATA

For each child in the family receiving care from this provider, indicate the child's first and last names, the month/day/year when the child was born, the month/day/year when the care began, the number of days per week that care is received, the number of hours per day that care is received, and the cost of the child care per day, per hour, and per week.

WHERE CHILD CARE IS PROVIDED

Indicate where the child care takes place by checking the box marked "Child's Home," the box marked "Provider's Home," or the box marked "Child Care Center."

SIGNATURE

The parent must sign and date this form and provide their Social Security Number. By signing this form, it is understood that child care payment information may be released to the provider. The Provider must also sign and date this form and provide their Resource ID number.

DISTRIBUTION

The **WHITE** and **YELLOW** copies are given or mailed to the District Office, or to the NHEP site if the parent is receiving child care assistance in order to participate in NHEP activities. The **PINK** copy is kept by the parent for his or her records.