

## COST VERIFICATION FORM CHILDCARE ASSISTANCE PROGRAM

| Student Name:  |                               | (first)                        |  |           | (middle initial)  |  |
|--|-------------------------------|--------------------------------|--|-----------|---|--|
| GRC Student ID #:  |                               |                                |  |           |   |  |
|  |                               |                                |  |           |   |  |
|  | 1. CHILDCARE COST             | VERIFICATION CHA               | ART  |           |   |  |
| Please complete the chart below<br>for each child receiving childcare<br>month of the quarter. The signal<br>information provided. | e assistance. Indicate the am | nount charged and a            | mount paid fo                                      | or each o | corresponding   |  |
| Please note that failure to return<br>in your being required to repay t<br>participation in the program.                           | -                             |                                |  | _         | =   |  |
| Summer Quarter   | Fall Quarter                  | Winter Quarter                 |  | S         | Spring Quarter  |  |
| July   | October                       | Janua                          | ary  |           | April   |  |
| August   | November                      | Februa                         | iry  |           | May   |  |
| September  | December                      | Marc                           | h  |           | June  |  |
| Child's Name:  |                               | Child's                        | Date of Birth                                      |           | month/day/year)   |  |
| Quarter:   | Childcare<br>Enrollment Level | Monthly<br>Childcare<br>Charge | Amount Paid by Student (including GRC grant funds) |           | Amount Paid by<br>Other Source<br>(DSHS, SMF,<br>Scholarship) |  |
| Month:   | □ Full Time □ Part Time       | \$                             | \$   |           | \$  |  |
| Month:   | □ Full Time □ Part Time       | \$                             | \$   |           | \$  |  |
| Month:   | □ Full Time □ Part Time       | \$                             | \$   |           | \$  |  |

Progress and Completion Center 12401 SE 320th ST Auburn, WA 98092 • Phone: (253) 833 - 9111

• Website: http://www.greenriver.edu/ccampis

## 2. SUPPORTING DOCUMENTS

| Please indicate the type of your supporting documentation below and attach it. Please note that we cannot accept handwritten receipts. If there is a discrepancy, the daycare account records may take precedence. |   |  |  |  |  |
|--|---|--|--|--|--|
|  | Copy of childcare accounting record, ledger card, invoice or statement  |  |  |  |  |
|  | Copy of cancelled personal check(s) (front and back)  |  |  |  |  |
|  | Copy of money order or cashier's check  |  |  |  |  |
|  | Legible copy of bank statement showing electronic payment (transfer) of funds from bank account to childcare provider. (account numbers can be blacked out but student's name and paying entity must be on documentation) |  |  |  |  |
|  | Typed letter signed by the childcare provider (preferably on the childcare provider's letterhead) detailing names, dates of attendance, total monthly costs, and types of payments made                                   |  |  |  |  |
|  |   |  |  |  |  |
|  | 3. STUDENT CERTIFICATION AND SIGNATURE  |  |  |  |  |
| I certify the information provided on this form and its attachments are true and complete to the best of my knowledge.   |   |  |  |  |  |
| Stude  | ent Name:   |  |  |  |  |
| Stude  | ent Signature: Date:  |  |  |  |  |
|  | 4. PROVIDER CERTIFICATION AND SIGNATURE   |  |  |  |  |
|  | 4. TROVIDER CERTIFICATION AND SIGNATURE   |  |  |  |  |
|  | ify the information provided on this form and its attachments are true and complete to the best of nowledge.  |  |  |  |  |
| Childo   | care Center/Provider Name:  |  |  |  |  |
| Childo   | care Center/Provider Phone Number:  |  |  |  |  |
| Childe   | care Center/Provider Signature: Date:   |  |  |  |  |