



COST VERIFICATION FORM
CHILDCARE ASSISTANCE PROGRAM

Student Name: _____
(last) (first) (middle initial)
UW Student ID #: _____

1. CHILDCARE COST VERIFICATION CHART

Please complete the chart below for the quarter you are applying for childcare assistance. One form must be completed for each child receiving childcare assistance. Indicate the amount charged and amount paid for each corresponding month of the quarter. The signatures on this form authorizes the UW Childcare Assistance Program to verify the information provided.

Please note that failure to return this form by the due date posted on the Childcare Assistance Program website may result in your being required to repay the University the total amount advanced for childcare assistance and cancellation of your participation in the program.

Table with 4 columns: Summer Quarter Months, Autumn Quarter Months, Winter Quarter Months, Spring Quarter Months. Rows include July, August, September, October, November, December, January, February, March, April, May, June.

Child's Name: _____

Child's Date of Birth: _____
(month/day/year)

Table with 5 columns: Quarter, Childcare Enrollment Level, Monthly Childcare Charge, Amount Paid by Student, Amount Paid by Other Source. Rows for three months with checkboxes for Full Time and Part Time.

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.

Student Name: _____

Student Signature: _____ Date: _____

4. PROVIDER CERTIFICATION AND SIGNATURE

I certify the information provided on this form and its attachments are true and complete to the best of my knowledge.

Childcare Center/Provider Name: _____

Childcare Center/Provider Phone Number: _____

Childcare Center/Provider Signature: _____ Date: _____