Talbot County, Maryland

CARES Individual Assistance Program

CHILDCARE VERIFICATION

To Be Completed by Licensed Child Care Provider

Applicant Name:_____

Applicant Address:_____

TO BE COMPLETED BY LICENSED CHILDCARE PROVIDER ONLY **(Enclose completed form W-9)**

Provider Name:_____

Provider License Number:_____

Dates of Childcare Provided: _____/_____/_____ through _____/_____/_____

(Childcare is paid monthly for actual services rendered)

Cost of Before and After School Only for School Aged Children in Care $_____ [ ] weekly [ ] monthly

Cost of Full-Day Care for School Aged Children in Care $_____ [ ] weekly [ ] monthly

CARES Eligible = Cost of All Day for School Aged Children in Care – Cost of Before/After School):

$ _____ [ ] weekly [ ] monthly

Child Care due $_____ **due on** _____ (date) **for month of** _____

To be completed by the licensed childcare provider:

(List names and ages of all school aged children in care)

	NAME	AGE	VIRTUAL SCHOOL – YES/NO
1.			
2.			
3.			
4.			

_____

Childcare Provider Signature Date

_____

Print name Phone Email

_____

Mailing Address

_____

_____

Applicant's Signature Date

Please return completed form with completed W-9 to:

Talbot County Maryland
Finance Office
Attn: Denitsa Myers
11 N. Washington Street, Suite 9
Easton, MD 21601

Fax: 410.770.8006

Email: dmyers@talbotcountymd.gov

With questions, please call Denitsa Myers at 410.770.8024