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|  |  STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)  **Child Care Verification** |
| TO:  | CASE NUMBER:  |
| The Division of Child Support (DCS) needs verification of your child care expenses for the period  .Please have your child care provider complete a separate ***Child Care Verification Response*** (page 2 of this form) for each child listed below. Then you must date and sign each response form, attach proof of payment for the care provided, and return it to DCS at the address listed below. Proof of payment may be receipts or copies of cancelled checks. Return the completed form(s) no later than  .Children's Names DATE AUTHORIZED REPRESENTATIVE DIVISION OF CHILD SUPPORTReturn the completed response form(s) to:DIVISION OF CHILD SUPPORTPO BOX 11520TACOMA WA 98411-5520Within  calling area  Outside  calling area  TTY/TDD services available for the speech or hearing impaired.Visit our web site at: www.dshs.wa.gov/esa/division-child-support |
| No person because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in employment, services, or any aspect of the program's activities. This form is available in alternative formats upon request. |

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|  |  STATE OF WASHINGTON DEPARTMENT OF SOCIAL AND HEALTH SERVICES DIVISION OF CHILD SUPPORT (DCS)  **Child Care Verification Response** |
| Complete a separate form for each child listed on page 1. |
| DCS Case Number: |
| Child Care Provider Name and Address: |
| Child Care Provider Telephone Number (include area code): ( )  |
| Child’s Name: |
| I am paid $ per  for this child. Of this amount, I receive$ subsidy from Washington State or another state or government agency per month for this child. |
| Enter the amounts you received from the custodian that Washington State or any other sate or government agency **did not** subsidize. This page has space for 12 months of payments. Attached additional sheets if needed. |
| **Amount** | **Period (month/year)** | **Amount** | **Period (month/year)** |
| $ |  | $ |  |
| $ |  | $ |  |
| $ |  | $ |  |
| $ |  | $ |  |
| $ |  | $ |  |
| $ |  | $ |  |
| I declare under penalty of perjury, under the laws of the state of Washington, that the foregoing is true and correct. I understand that DCS will use the information I have provided for child support purposes and will become public record. DCS may disclose the information to the noncustodial parent upon written request to DCS and pursuant to public disclosure policy. |
| Date | Child Care Provider Signature | Child Care Provider Printed Name |
| Date | Parent/Custodian Signature | Parent/Custodian Printed Name |