

Childcare Assistance Program Verification Form

This form is to verify your childcare costs for the quarter.

- The form must be **completed and signed as specified below**. The form must be completed in full with accompanying documentation and reviewed by the CCAP Administrator before the quarterly deadline. Subsequent quarterly assistance checks will be processed.
- **Attach billing statements.** To verify your childcare costs for the quarter, please attach copies of your childcare provider's billing statements for the three months of the quarter being verified.
- The signatures on this form authorize the UWB to verify the information contained herein. The actual charges should reflect only the costs associated to the care of the child. It should not include meals, registration fees, transportation or other special fees.
- Submit this form to Margarita V. Naumchik at the Office of Financial Aid and Scholarships Office Husky Hall room 1130 before last day of the quarter.

Student's Name (please print)	UWB Student Number
Child's First Name (please print)	Child's Birth Date
Childcare Provider (please print)	Provider's Phone

Enrollment Period:	
<input type="checkbox"/> Autumn Quarter October, November, December	<input type="checkbox"/> Winter Quarter January, February, March
<input type="checkbox"/> Spring Quarter April, May, June	
Enrollment Month/Year:	Actual Charge: \$
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Are you requesting childcare assistance for next quarter? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Authorized Childcare Provider's Signature	Date
Student Signature	Date

UW BOTHELL OFFICE USE ONLY

Comments: