



## CHILD CARE VERIFICATION

Child Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Name of Provider: \_\_\_\_\_  
 Address of Provider: \_\_\_\_\_  
 Provider Phone #: \_\_\_\_\_

I am the parent/guardian of the above-name child and hereby give my permission to the above-named childcare provider to release the following information regarding my child to the Wake County Housing Authority (WCHA). Please complete the bottom portion of this form and return the form directly to WCHA at the address listed at the top right corner of this form.

\_\_\_\_\_  
 Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

Print Parent Name: \_\_\_\_\_ Parent Phone \_\_\_\_\_

Date Service Began: \_\_\_\_\_ Is the child currently in your care? Yes No  
 If no, date services ended: \_\_\_\_\_ Reason for end: \_\_\_\_\_  
 Normal hours of care: \_\_\_\_\_  
 (i.e. 6 a.m. to 5 p.m. or 12 p.m. to 5 p.m.)

Cost of Care \$ \_\_\_\_\_ per Week Month Every 2 Weeks Other \_\_\_\_\_

Child's Address: \_\_\_\_\_  
 Name of (step) Mother: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of (step) Father: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**If the parent is receiving assistance from any other source for payment of the expenses, please list the source and amount of assistance:** \_\_\_\_\_

I certify that the above information is true and correct and I am an authorized agent of this company responsible for filling out his form.

\_\_\_\_\_  
 Child Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Printed Name Title Phone

**WARNING: SECTION 1001 OF THE TITLE 18 OF THE UNITED STATES CODE MAKE IT A CRIMINAL OFFENSE TO MAKE A WILLFULLY FALSE STATEMENT OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.**