



# Request for Child Care Consideration

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I incur the following childcare expenses on a **weekly/monthly** (circle one) basis:

Payable to Whom:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

For: (list children and ages):

NAME	AGE

Please attach documentation (receipts, statements, cancelled checks, etc.)

I certify that I am NOT receiving childcare cost reimbursement from ANY OTHER SOURCE.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*The maximum amount allowed will not exceed \$3500.00/year.