COST VERIFICATION FORM  
CHILDCARE ASSISTANCE PROGRAM

Student Name: ____________________________________________________________
(last) (first) (middle initial)

Last Four Digits of Student SSN: XXX - XX - __________

UW Student ID #: ____________________________

1. CHILDCARE COST VERIFICATION CHART

Please complete the chart below for the quarter you are applying for childcare assistance. One form must be completed for each child receiving childcare assistance. Indicate the amount charged and amount paid for each corresponding month of the quarter. The signatures on this form authorizes the UW Childcare Assistance Program to verify the information provided.

Please note that failure to return this form by the due date posted on the Childcare Assistance Program website may result in your being required to repay the University the total amount advanced for childcare assistance and cancellation of your participation in the program.

<table>
<thead>
<tr>
<th>Summer Quarter Months</th>
<th>Autumn Quarter Months</th>
<th>Winter Quarter Months</th>
<th>Spring Quarter Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>July</td>
<td>October</td>
<td>January</td>
<td>April</td>
</tr>
<tr>
<td>August</td>
<td>November</td>
<td>February</td>
<td>May</td>
</tr>
<tr>
<td>September</td>
<td>December</td>
<td>March</td>
<td>June</td>
</tr>
</tbody>
</table>

Child's Name: ____________________________

Child's Date of Birth: ____________________
(month/day/year)

<table>
<thead>
<tr>
<th>Quarter: ____________________________</th>
<th>Childcare Enrollment Level</th>
<th>Monthly Childcare Charge</th>
<th>Amount Paid by Student (including UW CC grant funds)</th>
<th>Amount Paid by Other Source (DSHS, SMF, Scholarship)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month: _____________________________</td>
<td>□ Full Time</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Month: _____________________________</td>
<td>□ Part Time</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Month: _____________________________</td>
<td>□ Full Time</td>
<td>$</td>
<td>$</td>
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</tr>
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<td>□ Part Time</td>
<td>$</td>
<td>$</td>
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105 Schmitz Hall  Box 355880  1410 NE Campus Parkway  Seattle, WA 981195-5882
206.543.6101  fax 206.685.1338  stuparrc@uw.edu  osfa.washington.edu/wp/sprc   CC COST VERF 1/2
1. SUPPORTING DOCUMENTS

Please indicate the type of your supporting documentation below and attach it. Please note that we cannot accept handwritten receipts. If there is a discrepancy, the daycare account records may take precedence.

- Copy of childcare accounting record, ledger card, invoice or statement
- Copy of cancelled personal check(s) (front and back)
- Copy of money order or cashier’s check
- Legible copy of bank statement showing electronic payment (transfer) of funds from bank account to childcare provider. (account numbers can be blacked out but student's name and paying entity must be on documentation)
- Typed letter signed by the childcare provider (preferably on the childcare provider’s letterhead) detailing names, dates of attendance, total monthly costs, and types of payments made

2. STUDENT CERTIFICATION AND SIGNATURE

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

Student Name: ____________________________________________________________

Student Signature: _________________________________________________________ Date: ________________

3. PROVIDER CERTIFICATION AND SIGNATURE

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

Childcare Provider Name: ___________________________________________________

Childcare Provider Phone Number: __________________________________________

Childcare Provider Signature: ______________________________________________ Date: ________________