

## Dependent Care Services Form

Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dates of Services (Month/Day/Year)	Dependent(s) for whom care was provided	Dollar Amount
TOTAL		

*I verify these charges and state that the full amount of the cost for daycare is or will be paid by the above mentioned individual.*

\_\_\_\_\_  
Signature of Daycare Provider/Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Daycare Center/Provider