

# CHILD/DEPENDENT CARE CERTIFICATION

**APPLICANT INFORMATION**

**CAREGIVER INFORMATION**

Applicant Name: Co-Applicant Name: Address:

Name: Company (if applicable): Address:

**SERVICES PROVIDED**

List the name and age of all of the applicant’s dependent(s) under your care:

**Frequency and Cost of Care:**

In a typical week, how many hours of care do you provide the applicant’s dependent(s)?

During extended school holidays/breaks,

How many hours of care do you provide the applicant’s dependent(s) per week?

For the services provided, the average amount charged is: $ per week month

*(check the appropriate billing period)*

### Is any of the amount charged paid for or reimbursed by an outside source (public services, employer, etc.)?  Yes  No If yes, who? If yes, the amount covered by an outside source is: $ per week month

*(check the appropriate billing period)*

**VERIFIER INFORMATION**

*Please sign this certification form and print the name, address and telephone number of the verifier.*

### Name:

Title:

Phone Number:

SIGNATURE

**WARNING**: Knowingly and willingly making a false or fraudulent statement to any department of the United States Government is a felony punishable by fine and imprisonment (Title 18, Section 1001, U.S. Code)

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