

Case No. \_\_\_\_\_

Worker No. \_\_\_\_\_

**CHILD CARE PROVIDER COMPLETES**

I provided child care for \_\_\_\_\_ in \_\_\_\_\_, 19\_\_\_\_\_, for the following children:  
 (Working Person) (Month)

Child's Name/Age	Amount Paid	Date Paid	# Days Care Provided	# Hours Care Provided
/				
/				
/				
/				
/				
/				

I charge \$\_\_\_\_\_ per \_\_\_\_\_ (hour, day, week, month) for care in:  My home  
 Child's home  
 Family Day Care  
 Center Care  
 I am:  a relative of the child(ren)  
 I am:  NOT a relative of the child(ren)

**COUNTY USE ONLY**

**COMPLETE IF APPROPRIATE:** I am:  Licensed  Not Licensed

I charge \$\_\_\_\_\_ per \_\_\_\_\_ (hour, day, week, month) for the child(ren) listed above UNDER AGE 2.

\_\_\_\_\_  
 (Provider Signature) (Age if Under 20) (Address of Provider) (Phone/Date)

**CLIENT INSTRUCTIONS:** Child care provider completes and signs the above portion. Client signs and dates below.  
 Attach this receipt to your CA 7 income report.

**I CERTIFY THAT I PAID THE AMOUNTS AS LISTED ABOVE:** \_\_\_\_\_  
 (Client Signature) (Date)