



100 New Britain Ave. Ormond Beach, FL 32174

Phone **386.677.2069** Fax **386.677.3545**

OBHA.org 🚖 🕏 🗓

Childcare Expense Verification Clier	nt #:
Parent/Guardian Name (please print):	
Signature:	
To Be Completed By Childcare Provider	
This is to verify that I,	provide childcare for:
[please print name]	
Child Name:	_ Age:
Child Name:	Age:
Child Name:	_ Age:
Child Name:	_ Age:
Child Name:	_ Age:
Child Name:	_ Age:
During the School Year (39 Weeks), My Pay Rate is: \$\begin{align*} \\$ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
The information given above is true to the best of my knowledge. I know that if I give false information, I may be subject to prosecution for fraud by the Housing Authority.	
Signature of Childcare Provider Date	
Print Name:	
SSN/EIN: Phone:	
Address: [Street Name and Number] [City] [State]	