

# CHILD CARE VERIFICATION FORM

**In order for child care credit to be used in calculating the child support guidelines, this form must be completed in its entirety and returned to the WELD COUNTY CHILD SUPPORT ENFORCEMENT OFFICE.**

If Existing CSE Case: Household number: \_\_\_\_\_

CSE Tech: \_\_\_\_\_

Custodial Parent: \_\_\_\_\_

SSN#: \_\_\_\_\_

Non-Custodial Parent: \_\_\_\_\_

SSN#: \_\_\_\_\_

Are you currently enrolled in a Child Care Assistance Program? Yes No

If yes, the Monthly Parental Fee is \$ \_\_\_\_\_.

**LICENSED PROVIDERS-** The child care provider must complete this form and attach documentation on the facility's letterhead showing enrollment, costs and payments made.

**UNLICENSED PROVIDERS-** If the child care provider is not licensed, the child care provider must complete this form and SIGN IT BEFORE A NOTARY. **The parent paying daycare costs must provide current receipts or cancelled checks with this verification form. Failure to provide documentation may result in the child care costs being excluded from the guideline calculation.**

Name of Company/Individual Providing Child care: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ License or FEIN Number \_\_\_\_\_

The Children Currently Enrolled in Child Care:

Name:	Date of Birth:	Date of Enrollment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Amount Paid: \$ \_\_\_\_\_ Monthly Weekly Year to date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

### Affirmation by Child Care Provider

I declare and affirm, under the penalty of perjury that the above information is true and accurate and that I can be summoned to appear in court to testify to these facts.

\_\_\_\_\_  
Signature of Child Care Provider

Subscribed and sworn to me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public