

Georgia Department of Human
Services Division of Family and
Children Services **Statement of Child
Care Expenses**

Case Name: _____ Case Number: _____
 Client Name: _____ Worker ID: _____
 Client ID Number: _____ Worker Telephone: _____

I, _____ do certify that I provide child care for _____
 Name of Child Care Provider Name of Parent/Guardian

At a cost of \$ _____ per day week month, beginning on

Name of the child (for whom care is provided)	Rate per child	Paid by parents/Guardian (Circle one)	Paid by others (Please specify)	Paid by CAPS
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

A child care fee is paid by the parent/caretaker for the child(ren) in child care in the amount of

\$ _____ per _____

Signature of Child Care Provider

Address

Phone Number

Date

