

Georgia Department of Human Services Statement of Child Care Expenses

_____ County Department of Family and Children Services

Case Name _____ Case Number _____
 Client Name _____ Case Manager/Caseload _____
 Client ID Number _____ Case Manager 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 _____
Date of First Service

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

A child care fee is paid by the parent/care-taker for all of the children in child care in the amount of
 \$ _____ per _____

 Signature of Child Care Provider

 Address

 Phone Number

 Date