STEVE SISOLAK
Governor

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF WELFARE AND SUPPORTIVE SERVICES

RICHARD WHITLEY, MS
Director

STEVE H. FISHER
Administrator

☐ TANF ☐ MEDICAID ☐ SNAP

Date: _____
Case Name: _____
Case ID: _____

CHILD CARE EXPENSE VERIFICATION FORM

The Nevada State Division of Welfare and Supportive Services needs the following information completed and returned to correctly determine eligibility, benefit levels or other services for: _____

Name of babysitter or child care provider: _____

Street _____ City _____ State _____

Zip _____ Telephone Number: (_____) _____-_____

Name of person paying for child care costs: _____

Telephone Number: (_____) _____-_____

Are any portion of child care costs paid or subsidized by an outside agency or individual? ☐ YES ☐ NO

If YES, list who subsidizes and the amount of child care costs paid by the agency or individual:

Name: _____

Telephone Number: (_____) _____-_____ Amount: $_____

When is child care paid and what is the amount? (*enter amount or amounts in column 1, 2, 3 or 4*):

	(1) Weekly ***(once per week)***	**(2) Bi-Weekly** ***(every other week)***	**(3) Monthly** ***(once per month)***	**(4) Twice Monthly** ***(twice (2) per month)***
Client Pays	$	$	$	$
Other Agency or Individual Pays	$	$	$	$

Who is child care paid for?

Child's Name	Age	# of hours	Days	Child's Name	Age	# of hours	Days
	/	/	/		/	/	/
	/	/	/		/	/	/
	/	/	/		/	/	/

Signature Print Name Title/Relationship Date Telephone Number