

# CHILD CARE VERIFICATION

Case #:

HEARING OFFICER OFFICE  
100 N. Kansas, Room 335  
Olathe, Kansas 66061

Petitioner:

and

Respondent:

Parent Information-Complete top portion of this form and have your child care provider complete the remainder.

Name

Name and ages of children

Are you receiving financial assistance for child care from a Federal or State agency?  
if yes, please state the agency and the amount you are receiving \_\_\_\_\_

Yes

No

CHILD CARE PROVIDER INFORMATION: Please attach a schedule of your most recent child care rates.

Name of provider

Address

City

State

Zip code

County

Name and age of child

School Year Rates

Summer Rates

Avg # of hours/week

Total Weekly rate

Name and age of child

School Year Rates

Summer Rates

Avg # of hours/week

Total Weekly rate

Name and age of child

School Year Rates

Summer Rates

Avg # of hours/week

Total Weekly rate

Name and age of child

School Year Rates

Summer Rates

Avg # of hours/week

Total Weekly rate

Do you require payment for services when children are absent to guarantee a position in your center?

Yes

No

Does a Federal or State agency contribute all or portion of these child care services?

Yes

No

The above information is provided to enable the District Court to accurately report child care costs in making a child support modification. I certify that the above information is true, accurate, and complete.

Date

Signed By \_\_\_\_\_