IN THE DISTRICT COURT	OFCOUNTY, KANSAS
(Name of person who filed the Petition)	Case No
and	
(Name of person who did not file the Petitio	on)
CHILD CA	ARE VERIFICATION FORM
<u>PARENT INFORMATION</u> : Complete the tomplete the remainder.	top portion of this form and have your child care provider
Name:	
Name(s) and age(s) of child(ren) involved in	in this case:
Name	Age
	
If yes, please state the agency and the amou	\$
	\$ \$
	\$ \$
who are receiving care from the Child Ca	
CHILD CARE PROVIDER INFORMATIC rates.	ON: Please attach a schedule of your most recent child care
Name of Provider:Address:	
Street or P.O. Box	City State Zip
Name and Age of Child at School Year Rates	Avg. No. Of Hours/Week Hourly Rate Total Weekly R

Page 1 of 2

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Name and Age of Child at Summer Season Rates	Avg. No. Of Hours/Week	Hourly Rate Total Weekly Rate
Do you require payment for services even when ☐ Yes ☐ No If yes, please explain:		
Does a Federal or State agency contribute all or If yes, How much \$	r a portion of these child of	
THE ABOVE INFORMATION IS PROV ACCURATELY REPORT CHILD CARE COS		
I DECLARE (OR VERIFY, CERTIFY, OR S' LAWS OF THE STATE OF KANSAS THAT		
EXECUTED ON Date	X	of Child Care Provider
	Telephone Number:	