

South Central Workforce Investment Board

Child Care Release

I, _____ do hereby acknowledge that I have applied for child care supportive service payments through the South Central Workforce Investment Board (SCWIB). Under this program, SCWIB will make payments directly to a child care provider selected by me in order that I may participate in the Workforce Development training or educational opportunities.

I acknowledge that I am solely responsible for selecting a childcare provider and for determining the qualifications, competence and suitability of my childcare provider. I further acknowledge that SCWIB has not selected, recommended, or participated in the selection of my childcare provider and that SCWIB is not responsible for determining or evaluating the qualifications, competence or suitability of the childcare provider.

I have chosen the following childcare provider:

Childcare provider and/or Daycare: _____

Mailing Address: _____

Contact Person and Telephone Number: _____

My children, listed below, are my children and attend the childcare provider listed above: (Full name and date of birth)

I understand that SCWIB can only assist me with a specific amount of childcare cost based on the number of children I need assistance with and other financial considerations. The amount SCWIB can pay cannot exceed the SCWIB Supportive Service Policy limit for childcare cost. Any amount remaining will be my responsibility to pay the childcare provider listed above.

I understand and agree that a copy of this form once signed will be given to my chosen childcare provider listed above. I also understand that the assistance I receive is not guaranteed and based on the funds available and participation in the Workforce Investment Act programs.

I have read this release I understand that with my signature below I intend to be bound by this release.

Participant Signature Printed Name Date

TO BE COMPLETED BY CHILD CARE PROVIDER: Please only complete the one statement that is correct.

I have a weekly charge of \$ _____ per child.

I charge by the day of attendance and do not require a full week. My daily charge is \$ _____.

The above name and address are correct for payment. __Yes __No If no, complete correct name and address here:

Name: _____ Address: _____

A W-9 must be submitted to the South Central Workforce Investment Board before any payment will be issued.

Child Care Provider Signature Printed Name Date

Skills Specialist Signature Printed Name Date