



**HUCTW-Harvard University
Childcare Fellowship Verification Form
January 1, 2017 - December 31, 2017**



Verification forms are due to the Union office according to the following schedule. Submit one verification form per provider for a three-month period, or one for the whole year. Fellowship awards are delivered quarterly. Do NOT use this form if you put your award money into an FSA.

| Verification form DEADLINES: | For childcare for the months of: | Award included in paycheck: |
|------------------------------|----------------------------------|-----------------------------|
| February 24, 2017 | January, February, March | March 31, 2017 |
| May 12, 2017 | April, May, June | June 23, 2017 |
| August 18, 2017 | July, August, September | September 29, 2017 |
| November 10, 2017 | October, November, December | December 8, 2017 |

Send this form to: Email: huctw.childcare@huctw.org (as a scan or cellphone photo) **or**
 Fax: 617-661-9617 **or**
 Mail: HUCTW Childcare Coordinators
 15 Mt. Auburn Street
 Cambridge, MA 02138

You need to complete the following section

Your name: _____ Your Harvard ID: _____

Best daytime phone number: _____ Email address: _____

Your childcare provider needs to complete the following section

Name of provider: _____ License number: _____
 (In-home providers, please provide your social security number)

Street address: _____ City, State, Zip: _____

This is to verify that I/we will provide (or have provided) childcare for

_____ during the months of:
 Name of child/ren

Please check off and include total cost for each month you would like reimbursement:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Jan 2017 \$ _____ | <input type="checkbox"/> Apr 2017 \$ _____ | <input type="checkbox"/> Jul 2017 \$ _____ | <input type="checkbox"/> Oct 2017 \$ _____ |
| <input type="checkbox"/> Feb 2017 \$ _____ | <input type="checkbox"/> May 2017 \$ _____ | <input type="checkbox"/> Aug 2017 \$ _____ | <input type="checkbox"/> Nov 2017 \$ _____ |
| <input type="checkbox"/> Mar 2017 \$ _____ | <input type="checkbox"/> Jun 2017 \$ _____ | <input type="checkbox"/> Sep 2017 \$ _____ | <input type="checkbox"/> Dec 2017 \$ _____ |

Signature of Provider

Date