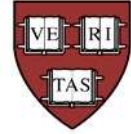




**HUCTW-Harvard University
Childcare Fellowship Verification Form
January 1, 2019 - December 31, 2019**



Verification forms need to be returned to the HUCTW office according to the following deadlines. Please submit one verification form per provider each quarter (example: Jan/Feb/Mar is the first quarter). 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 22, 2019	January, February, March	March 29, 2019
May 10, 2019	April, May, June	June 21, 2019
August 16, 2019	July, August, September	September 27, 2019
November 8, 2019	October, November, December	December 6, 2019

Print, fill out, and return this form to the HUCTW Office by one of the following methods:

- Upload to our secure server: huctw.org/submit-verification (as scan or cellphone photo)
- Email: huctw.childcare@huctw.org (as scan or cellphone photo)
- Fax: 617-661-9617
- Mail: HUCTW Childcare Coordinators, 15 Mt. Auburn Street, Cambridge, MA 02138

Your name (parent): _____ Your Harvard ID: _____

Best daytime phone number: _____ Email address: _____

Your childcare provider needs to fill out and sign following section

Name of childcare provider: _____

Provider license number: _____

(In-home providers, please provide last 4 digits of soc. security number)

Provider's address: _____

This is to verify that I have provided/will provide childcare for:

_____ during the following months:

Name of child/ren

IMPORTANT: Please write the total amount the parent spent on childcare for each month below. The childcare provider should sign below to confirm these amounts. If provider is unable to sign, we will accept receipts instead. Submit one form per provider each quarter (example: Jan/Feb/Mar is first quarter).

Jan 2019 \$ _____
 Apr 2019 \$ _____
 Jul 2019 \$ _____
 Oct 2019 \$ _____
 Feb 2019 \$ _____
 May 2019 \$ _____
 Aug 2019 \$ _____
 Nov 2019 \$ _____
 Mar 2019 \$ _____
 Jun 2019 \$ _____
 Sep 2019 \$ _____
 Dec 2019 \$ _____

Signature of Childcare Provider

Date