



**HUCTW/Harvard University  
Childcare Fellowship Verification Form  
January 1, 2010- December 31, 2010**



Verification forms are due to the Union office according to the following schedule. Please submit your forms on time. Submit one verification form per provider for a three-month period. Fellowship awards are delivered quarterly.

Verification form due:	For childcare for the months of:	Award included in paycheck:
February 26, 2010	January, February, March	March 26, 2010
May 21, 2010	April, May, June	June 18, 2010
August 27, 2010	July, August, September	September 24, 2010
November 29, 2010	October, November, December	December 17, 2010

**Send or fax this form to:** **HUCTW Childcare Coordinator**  
**15 Mt. Auburn Street**  
**Cambridge, MA 02138 Fax: (617) 661-9617**

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*Fellowship recipients complete the following section.*

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**Name of Fellowship Recipient:** \_\_\_\_\_

**Work phone number:** \_\_\_\_\_

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*Childcare providers complete the following section.*

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**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:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Jan 2010 \$ _____ | <input type="checkbox"/> Apr 2010 \$ _____ | <input type="checkbox"/> Jul 2010 \$ _____ | <input type="checkbox"/> Oct 2010 \$ _____ |
| <input type="checkbox"/> Feb 2010 \$ _____ | <input type="checkbox"/> May 2010 \$ _____ | <input type="checkbox"/> Aug 2010 \$ _____ | <input type="checkbox"/> Nov 2010 \$ _____ |
| <input type="checkbox"/> Mar 2010 \$ _____ | <input type="checkbox"/> Jun 2010 \$ _____ | <input type="checkbox"/> Sep 2010 \$ _____ | <input type="checkbox"/> Dec 2010 \$ _____ |

\_\_\_\_\_  
**Signature of Provider**

\_\_\_\_\_  
**Date**