



**HUCTW/Harvard University
Childcare Fellowship Verification Form
January 1, 2012- December 31, 2012**



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 24, 2012	January, February, March	March 23, 2012
May 18, 2012	April, May, June	June 15, 2012
August 24, 2012	July, August, September	September 21, 2012
November 16, 2012	October, November, December	December 14, 2012

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

Fellowship recipients complete the following section.

Name of Fellowship Recipient: _____

Work phone number: _____

Childcare providers 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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Jan 2012 \$ _____ | <input type="checkbox"/> Apr 2012 \$ _____ | <input type="checkbox"/> Jul 2012 \$ _____ | <input type="checkbox"/> Oct 2012 \$ _____ |
| <input type="checkbox"/> Feb 2012 \$ _____ | <input type="checkbox"/> May 2012 \$ _____ | <input type="checkbox"/> Aug 2012 \$ _____ | <input type="checkbox"/> Nov 2012 \$ _____ |
| <input type="checkbox"/> Mar 2012 \$ _____ | <input type="checkbox"/> Jun 2012 \$ _____ | <input type="checkbox"/> Sep 2012 \$ _____ | <input type="checkbox"/> Dec 2012 \$ _____ |

Signature of Provider

Date