

# WORK-RELATED DAY CARE STATEMENT

FOSTER PARENTS' NAME \_\_\_\_\_

FOR THE MONTH

ADDRESS: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ZIP: \_\_\_\_\_

FOSTER PARENT'S SIGNATURE \_\_\_\_\_

CHILD'S NAME	DAY CARE PROVIDER'S NAME	DAYS CHILD IN DAY CARE DURING MONTH

**NOTE: IN ORDER TO RECEIVE YOUR DAY CARE SUBSIDY, PLEASE FILL IN ABOVE INFORMATION, ATTACH THE RECEIPT OF YOUR DAY CARE PAYMENT, YOUR BOARDING HOME STATEMENT AND SEND TO: STARK COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES, CHILDREN SERVICES BOOKKEEPING, 221 3<sup>RD</sup> STREET SE.CANTON, OHIO 44702, ON THE LAST DAY OF THE MONTH. WORK-RELATED DAY CARE SUBSIDY DOLLARS FOR DAY CARE ARE LIMITED AND, THEREFORE, MAY BE REDUCED OR DISCONTINUED ON AVAILABILITY OR CONTINUED ELIGIBILITY.**