CHILD CARE REQUEST FORM

In order for child care benefits to be approved, complete information must be provided.

Claim Number ____________________  Person making request __________________________

☐ This is my initial request for child care.
☐ This is a request for an extension of child care.

Explain below how child care is a new expense as a result of the crime or why a child care extension is needed:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

List all children you are requesting child care for:
Child’s name ______________________  Date of birth: ___________________
Child’s name ______________________  Date of birth: ___________________
Child’s name ______________________  Date of birth: ___________________

Check each box after you have read and completed:
☐ I understand that child care is available for the victim or for the dependents of the victim.
☐ I understand only care at licensed, registered, or certified care providers can be approved.
☐ I understand a copy of the child care provider’s fee schedule may be requested.
☐ I understand that child care may be limited to children age fourteen or younger.

________________________________  ______________________
PRINT NAME            DATE

________________________________
SIGNATURE

Revised 1/12/18