

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 reques	t for child care.
☐ This is a request for an e	extension of child care.
Explain below how child caextension is needed:	are is a new expense as a result of the crime or why a child care
List all children you are rec	
Child's name	Date of birth:
Child's name Child's name	Date of birth: Date of birth:
Check each box after you	have read and completed:
•	are is available for the victim or for the dependents of the victim.
	t licensed, registered, or certified care providers can be approved.
•	ne child care provider's fee schedule may be requested.
• •	are may be limited to children age fourteen or younger.
PRINT NAME	DATE
SIGNATURE	

Revised 1/12/18