

1199SEIU Child Care Corporation

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SPECIAL NEEDS UNLICENSED PROVIDER VERIFICATION FORM

Members, please complete the Member Information section, then ask the provider to complete the rest of the form, including having it notarized, before returning it to you. Once the form is completed and notarized, please submit it via email: SpecialNeeds@1199Funds.org.

MEMBER INFORMATION

MEMBER ID _____ MEMBER FIRST NAME _____ MEMBER LAST NAME _____

Approved Program:

Special Needs After-School Voucher Special Needs Day Care Voucher

PROVIDER INFORMATION

(This section is completed by the child care provider.)

PROVIDER TYPE _____ PROVIDER NAME _____

PROVIDER ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Weekly charge: \$ _____ Hours of service: _____ AM PM to _____ AM PM

CHILD FIRST NAME _____ CHILD LAST NAME _____

PROVIDER ACKNOWLEDGMENT

By signing below, I certify that I have attained the appropriate training to render child-care services and that the information contained in this document is true.

PROVIDER NAME (PLEASE PRINT) _____ PROVIDER TITLE _____

X _____
PROVIDER SIGNATURE _____ DATE (MM/DD/YYYY) _____

NOTARY STATEMENT

State of:

County of:

On the ___ day of _____, 20___, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Printed name:

My commission expires: