You will need Acrobat Reader 6.0 or higher in order to complete this form online.

Print Form

Alberta
CHILDREN'S SERVICES

Private Child Care Receipt/Verification

The information provided on this form will be used in determining eligibility for child care expense benefits under the Child and Youth Support (CYS) Program. The collection, use and disclosure of your personal information is done under the authority of the *Child, Youth and Family Enhancement Act* and is in compliance with the *Freedom of Information and Protection of Privacy (FOIP) Act*. If you have any questions about the collection of this information, please contact your caseworker.

Please submit the completed and signed form to:

Attention: _____
Name of CYS Caseworker

Fax: _____
include the area code

Phone: _____
include the area code

Form to be completed by the Private Child Care Provider.

Name of Child Care Provider

Name of CYS Caregiver/Guardian

Month being reported	Year being reported

Child's Information

Name	*surname*	*first name*	*middle name*

Number of hours of care provided	Actual Monthly Cost	**Total Amount Received**

***Note: A separate form is required for each additional child.*

Declaration and Signatures

- **I declare the information on this form is true and complete.**
- **I understand that the Child and Youth Support Program may need to contact resources to verify the information I have provided on this form.**
- **I understand that giving false or incomplete information may result in recovery of overpayment and/or fraud charges.**

_____ _____
Signature of Child Care Provider | date (yyyy/mm/dd)

Return this form to CFSA Office Address:

Worksite Name/Stamp

Reset Form | Print Form