

**SHARE/UMASS MEDICAL SCHOOL
CHILDCARE FUND**

MONTHLY VERIFICATION FORM

This form must be signed to verify the previous month's childcare enrollment and cost. Verification forms should be submitted no later than the 5th of each month.

THIS SECTION TO BE COMPLETED BY EMPLOYEE

Name of UMass Employee: _____	
Work Phone: _____	Home Phone: _____
Please provide the best email or phone number to use for updates/reminders regarding the SHARE Childcare Fund _____	
Signature of Employee: _____	Date: _____

**THIS SECTION TO BE COMPLETED BY PROVIDER
COMPLETE SECTION A OR B AND C**

A. Child Care or After School Program
Name of Program: _____
License Number: _____
Address: _____ _____

OR

B. In-home Provider
Name of Provider: _____
Social Security or Tax ID: _____
Address: _____ _____

AND

C. I certify that I/we have provided childcare for the child(ren) listed below.
Name of child(ren) in childcare: _____
For the Month of: _____ At a monthly cost of \$ _____
Signature of Provider: _____ Date: _____

Fax this completed form to: **508-856-6805**

For information, please call Andrea Caceres at SHARE 508-929-4020 Ext. 29