

SECTION B: Child Care Information

Your provider must sign this section. Use separate forms if you employ more than one provider. If provider address or name is same as your home address/name please indicate your relationship to provider.

Child Care Provider's Name: _____

Address: _____

Telephone: _____

Email: _____

Name of Dependent Requiring Care	Child's Date of Birth	Grade in 2019-2020	Total \$ Amount Paid per Month	Terms for Which Care is Contracted
				<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
				<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring
				<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring

For this section, Fall is Oct, Nov, Dec; Winter is Jan, Feb, March; Spring is April, May, June. If only a portion of the term, please indicate months. Actual subsidy dates vary by program and terms.

By signing below, I certify that the above information is true and correct.

Child Care Provider's Signature: _____

Date: _____

SECTION D: Statement of Understanding

This section to be completed by adults listed in Section A.

Submit this completed and signed form along with any supporting documentation to the WorkLife office. You may scan and attach a PDF of your application and email your materials to worklife@ucdavis.edu.

- I/we certify that I/we meet all the eligibility criteria required for the programs selected.
- I/we certify that it is my/our responsibility to pay funds received to the child care provider noted above.
- I/we understand that it is my/our responsibility to report to the WorkLife office any changes in my/our student status, finances, child care arrangements or costs during the awarded period.
- I/we certify that if I/we go on Filing Fee, I/we will inform WorkLife, as it will affect my disbursement.
- I/we certify I/we are not in a self-supporting program (SSP) or a visiting student. (Both are ineligible).
NOTE: while students in an SSP are not eligible for GSCCG, they may be eligible for CBCG. If enrolled in an SSP, please submit THIS completed application (with an SSP Status note) and a completed CBCG application.
- I/we certify that all statements relating to this application are complete and correct to the best of my/our knowledge, and I/we understand that intentional misrepresentation may result in cancellation and repayment of any child care funding received.

WARNING: Purposely giving false or misleading information on this form may result in fines and/or jail time.

Adult/Parent 1 Signature: _____

Date: _____

Adult/Parent 2 Signature: _____

Date: _____