



WIA CHILDCARE REIMBURSEMENT REQUEST FORM

Please return original forms to the WIA Counselor

NAME _____ WIA COUNSELOR _____

CHILD/REN NAME(S) & AGE _____

ADDRESS _____ NY# _____

CITY _____ ZIP CODE _____ PHONE# _____

TRAINING PROVIDER/PROGRAM/DATES _____

DAYCARE PROVIDER _____ ADDRESS _____

RATE OF \$ _____ PER HOUR PER CHILD, OR IF PAID FLAT FEE PER DAY OF \$ _____ PER CHILD

PROVIDER CERTIFICATION

I, _____ certify that the information I have supplied by completing this form is true and correct to the best of my knowledge. I agree that any information provided may be subject to further verification. Falsification of information is a federal crime in violation of 18 USC 1001. I also understand that payment for childcare services are the responsibility of the parent. CSS WF NY does not reimburse providers. I also attest that I am not related to the participant or their child/ren. CSS WF NY cannot reimburse childcare expenses to participants if their provider is related to the child/ren and/or participant.

DAY	DATE	TOTAL # OF CHILDREN	DROP-OFF TIME	PICK-UP TIME	TOTAL HOURS	STAFF USE ONLY DO NOT WRITE IN THIS COLUMN
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

PARTICIPANT: If you are receiving mileage & childcare reimbursement, please make sure the dates on your mileage form and your childcare reimbursement request form are for the same period. **Please submit together.** Forms must be complete, original, written in pen and received within 1 week of the ending date. This form must be submitted with an original receipt for childcare payment.

TOTAL – Fiscal Office