



# OFFICE OF FINANCIAL AID

## Child Care Grant Application Provider Information

Name: \_\_\_\_\_ UMID: \_\_\_\_\_

Please have your provider complete the following form and return it with your Child Care Grant Application.  
Note: If you have more than one child care provider, a separate Provider Form must be completed for each.  
Grant funds cannot be awarded until all documents have been received (Application and Provider Information Form).

	Child 1	Child 2	Child 3
<b>Name of Child:</b>			
<b>Date child began/will begin attending:</b>			
<b>Number of hours attending per week:</b>			
<b>Rate:</b>			
<b>Rate Duration:</b>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly

### Payment Information

Person responsible for payment: \_\_\_\_\_

Is DHS or any other form of assistance covering any portion of payment?  Yes  No

If yes, what is the hourly/weekly co-pay that the parent/UM-Flint student is responsible to pay after assistance has been applied? \_\_\_\_\_

### Provider Information

Name of Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child Care License Number (two letters followed by nine numbers): \_\_\_\_\_

I hereby certify that I provide dependent care for the above named student and child(ren) listed. I also certify that the stated cost of said child care is accurate as stated.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_