

# 1199SEIU Child Care Corporation

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## SPECIAL NEEDS UNLICENSED PROVIDER VERIFICATION FORM

Members, please complete the Member Information section, then ask the provider to complete the rest of the form, including having it notarized, before returning it to you. Once the form is completed and notarized, please submit it via email: SpecialNeeds@1199Funds.org.

### MEMBER INFORMATION

MEMBER ID

MEMBER FIRST NAME

MEMBER LAST NAME

#### Approved Program:

Special Needs After-School Voucher

Special Needs Day Care Voucher

### PROVIDER INFORMATION

(This section is completed by the child care provider.)

PROVIDER TYPE

PROVIDER NAME

PROVIDER ADDRESS

CITY

STATE

ZIP CODE

Weekly charge: \$ \_\_\_\_\_ Hours of service: \_\_\_\_\_  AM  PM to \_\_\_\_\_  AM  PM

CHILD FIRST NAME

CHILD LAST NAME

### PROVIDER ACKNOWLEDGMENT

By signing below, I certify that I have attained the appropriate training to render child-care services and that the information contained in this document is true.

PROVIDER NAME (PLEASE PRINT)

PROVIDER TITLE

**X**

PROVIDER SIGNATURE

DATE (MM/DD/YYYY)

### NOTARY STATEMENT

State of:

County of:

On the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, before me, the undersigned, personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their capacity, and that by their signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public

Printed name:

My commission expires: